9-45-15N

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MARYLAND STATE DEPARTME	NT OF	
2411 N. Charles St., Balti	more	770

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Reg. Di.	et. No.				

. 1		7	U	9	3	J
Reg.	Diat.	No.			1	8

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME JAMES ANDERSON	3. (b) Social Security Number
4. Sex S. Color or race S. Color or race Negro Separated	MEDICAL CERTIFICATION 20. DATE OF DEATHDecember 8th
6.(b) Name of husband or wife unknown 6.(c) It elive, give ege years 7. Birth date of deceased (ma., day, yr.) 7-24-1904	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2nd 18.47 to December 8th 18.47 and
8. AGE: Yeers Months Deys If less than one day 43 4 8	Immediate cause of death DURATION Exhaustion Delirium
9. Birthplace Maryland (Town, county, and atate) 10. Usual occupetion Laborer	Exhaustion Delirium Known to us since 12/2/47
ff. industry or business 12. Name John Anderson 13. Birthplace ?	Diher condillons Known to us Alcoholic Deterioration since 12/2/47 (Include pregnancy within 3 months of death)
f4. Meiden name Mary Pongec 15. Birthplace ?	Major findings of operations. Dele of op.
Address Crownsville, Maryland 17. Buriel Bele Ihereot Dec 13, 194 (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death wes due to external causes, fill in the following; Accident, suicide, or homicide
Location la atomerite ma	Where did injury occur?
18. Funerel director. Mrs. Katie M. Williams Address 322 N Schreder St 19. (2/0 19×7 Hu. Hedrich (Date red by registrar) (Date red by registrar)	23. SIGNATURE 226 More curfu M. D. or other Address Crowns ville, Maryland Bate signed 12/847

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Nog. Diet. Hormann
1. PLACE OF DEATH: a.a.Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
De - 0	State. M. County G.G.
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Bayside Brach Road	Street No. Carp. 24.3 (If rural, give LOCATION)
How tong in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	RSON
4. Sex 5. Color or race 6.(a)6ingle, married, widowed, or diversed	MEDICAL CERTIFICATION
male White Married	20. DATE OF DEATH December 18 1947 21 6:30 AN
8.(b) Name of husband or wife SIARAH E ANDERSON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	november 20 1947, 10 Dre: 18 1947
7. Birth date of deceased (mo., day, yr.) DEC 7th 1879	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Signification (Mindeld DURATION Supers
68 0 //nin.	The state of the s
9. Birthplace MRRYLAND	Due to Myseardilis
(10wh, county, and sease)	
10. Usual occupation FISHERMAN	Due to
11. Industry or business	
12. Name. Tronga Adderson 13. Birthplace M.L.	Dther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Rachel (Zunknown) 15. Birthplace M.	Major findings of operations
15. Birthplace M.L.	Date of op.
16 Informant Sarah anderson	Autopsy results.
Address FD *2 Box 243 Bodkin Prze	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12/2-1/17	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or panoved. Which?) (Durial, cremation, or panoved. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Luthings 140	Injured at home, farm, Industry, public place (where?)
Uligo: Cart Day	Massas of Injury Injured at work?
18. Funeral director	1 8 , 0 3/
Address /2/ Saul .	- Drasy Smith M. St.
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	R. L. 13 - VA M. D. or other
(Date rec'd by registrar) Registrar	Address Oxforma Death Md. Date signed 12/19/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

A15 S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10795

CEDTIFICATE OF DEATH

Sales of the			CLICITATION	L OI DEATH	Reg. Dist. No	*******************
1. PLACE OF D	EATH: Arundel			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
City or town	ayo routside city or town ce of death?	timits, write RURAL s Vr.S death occurred:	and give nearest town)	State	write RURAL and give nea	rest town)
3. (a) FULL NAM		CE V. BALL			3. (b) Social Security	Number
4. Sei Female	5. Color or race White	8.(a)Single, married	d, widowed, or divorced	MEDICAL CE 2D. DATE OF DEATH DEC. 5	RTIFICATION	7 24
		21. 1859	give ageyears	21. I CERTIFY that death occurred on the date above 12 19 19 19 19 19 19 19 19 19 19 19 19 19	e stated; that I attended dece	y 19 Y 7
8. AGE: Yes	Months 8	Days If les	ss than one dayhrsmin.	Conteriorder of a conterior	L'0-	70500
11. Industry or busin 12. Name	Hous James W. Balti Uus	none Matchett more, Mary]	and	Due to	onths of death)	
Address M 17. Buria 18. Funeral director	ayo, Post 1 on, or removal. Which atory Mayo Mayo, A. Ben L. H -172 West	Office, May Date thereof Memorial Ce A. Co, May oppingand St. Annapol		Autopsy results	ich death should he charged ies, fill in the following; Date of (County) ere?) injured at work?	statistically.

RECRY (** D)

DEC 13 1947

PLEASE

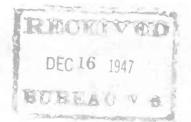
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Crownswilla, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Kent
How long in hospital or institution? 27 years, 11 months, 24 days How long in hospital or institution? 27 years, 11 months, 24 days How long in hospital or institution? 27 years, 11 months, 24 days	City or town
3.(a) FULL NAME WILLIAM BARLOW	3. (b) Social Security Number
4. Sex Male S. Color or race Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 3rd 19 47 at 8:15 Page 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(6) Name of husband or wife. UNKNOWN. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19.41 to December 3 1947
7. Birth date of deceased (mo., day, yr.) unknown	and that I last saw h. imalive on December 3rd 19. 47.
8. AGE: Years Months Days If less than one day ? ?hrsmin.	Cancer of the stomach 1 month
9. Birthplace	Due fo
12. Name James Barlow 13. Birthplace unknown	Other conditions Manic Depressive Psychosis
15. Birthplace	Manic Type Known to us (Include pregnancy within 8 months of death) Since 10/1941
16. Informant Hospital Records Address Grownsville, Maryland	Autopsy results Cancer of the stonach PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Course Date thereof (72/12-47) (Burial, cremation, or removal. Which?) (morth) (day) (year) Cemetery or crematory (morth) (day) (year) Location (Crematory)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
1B. Funeral director Subt Hough late Address	Manna of injury Injured at work? 23. SIGNATURE A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19al (Date rec'd by registrar) 1947 Registrar	Address Crownsville, Maryland Date signed 12/4/47



2411 N. Charles St., Baltimore

10797

CERTIFICATE OF DEATH

leg. Dist. No. 21

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Saphia anna	Barry 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Rescueed	MEDICAL CERTIFICATION 20. DATE OF DEATH DEC 21 19 4 2 21 3 15 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 19. 47, 10. 20. 2/ 19. 47. and that I last saw here alive on after 2/ 19. 6. Immediate cause of death DURATION Ful manage of death Authority Such Control of States.
9. Birthplace Balto M.S. (Town, county, and state) 10. Usual occupation X	Due to
11. Industry or business 12. Name Slarge Schulthies 13. Birthplace New York City; N. Y. 14. Maiden name Daltemore, M. A.	Other conditions Chu Bronchits aubson (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Waster 7. Barry Address Carlparl, Md.	Autopsy results
17. Busical Bate thereof 12/24/77 (Burial, cremation, or removal, Which?) Cemetery or crematory. Cedus. Bluff Causling	Accident, suicide, or homicide
18. Funeral director Jahran May Con Sandaress Warapolis Parallel May Con Sandares Warapolis Paralle	Mosns of Injury Injured at work? As. SIGNATURE M. D. or other M. D. or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

DEC 27 1947

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

Reg. Diat. No. 28

			CERTIFICA	IL OF DEATH	Reg. Diat. No	
1. PLACE OF DEA	rundel Cou	inty		2. USUAL RESIDENCE (HOME) C		9
City or town	wnsville,	Maryla	nd RURAL and give nearest town)	State Maryland Co		
How fong in above place Hospital, institution, or	of death?	death occurre	6 days	sireel No. 309 N. Stricker		
Crownsvill	e State Ho	spital	.Crownsville, Md	(If rural, giv	e LOCATION)	./
		onths,	6 days	2.(a) 11 veteran, name war	••••••	V
3. (a) FULL NAMI	E WILLIAN	BUSH			3. (b) Social Security	Number
Male Male	S. Color or race Negro		e, married, widowed, or divorced arried	MEDICAL C	ERTIFICATION	1.50D
				Warr 10th		
7 Dieth dete et			c) If alive, give ageyea	and that I last saw h. im. alive on Dece		
	m.) 5-7-1884	Days	It less than one day	Immediate cause of death		DURATION
8. AGE: Yeare	7	9	hrs,mi	Cerebral Hemorrhage		
e Birtheless Vir	oinia		atate)	Comonol O Comobos		
				crerosis, assoc. With		
				Nue 10	litis Kn	own to us
11. Industry or busines ∝1 Toba						
	irginia	***************				
~				(Include pregnancy within 3		
14. Maiden name. 15. Birthplace Ut	EvelynGi	een		Major findings of operations		
				Autopsy results	hich death should be charged	statistically.
	ownsville,				uses, fill in the following:	
17 Butt	or removal. Which	Date the	(month) (day) (par)	Accident, suicide, or homicide	Dale ot	******************************
		Tus 7	nemorial	Where did Injury occur?(City or town)	(County)	(State)
Location				Injured at home, farm, industry, public place (where?)	
1B. Funeral director.	Ness Sa	tie /	16 Williams	Meene of injury	Injured at work?	
Address 322	-N.S	chit	eder St	23. SIGNATURE DEAL ASIL	youte	m. D
Dre ?	10 A1	A	. W. Hadrich		M. D.	or other
te rec'd by re	gistrar)		Registr	Address Crownsville, Mary	and Date signed	12/.16/.47

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VS A15 9.45-15N

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10799 Reg. Dist. No.

CERTIFICATE OF DEATH

I. PLACE OF DEATH: 9	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Co	BINITE.
(If outside city or town lights, write RURAL and give nearest town)	State County County
How long In above place of death?	(If outside city or town limits, write-RURAL and give nearest town)
Hospital, Institution, or wheel address where death occurred;	Street No. Chuliny QUI Thom Rd
Emergency Topselal	(If rural, give LOCATION)
How long in hospital or institution 13 ddays	2.(a) If veteran, name war
3. (a) FULL NAME	(1) (2) (3. (b) Social Security Number
(harres Merruneth	er (milian
4. Sex 5. Color or tace S.(a) Single, married, withowed, or divorced	MEDICAL CERTIFICATION
Male Mile Maround	20. DATE OF DEATH LIRE 8 1947, 21 630 PM
Source Christian	21. 1 CERTIFY thal death occurred on the date above stated; thal attended deceased from
6.(b) Name of husband or wife	Dec 5 19 47, 10 dec 8 194/
7. Birth date of	and that I last saw h alive on lee 8 13 4 >
deceased (mo., day, yr.) 19 (1 / 18/6	Immediate cause of death
8. AGE: Years Months Days If less than one day	Torole to there 3de
70 // 23hrsmin.	Leveralged Terminis 3 das
Bullinger	Que to area dramme
9. Birthplace (Town, county, and state)	Colon:
10. Usual occupation. Theal Endula Revulopeer	
(D 11 1-+1	Due to
11. Industry or business Relief Estates	Di-l- L Mall Mi
E 12. Name DI JUINS THURS CONSULUI	Other conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name alse Lawrence	
14. Maiden name Musika Musika Maiden name Musika Mu	Major findings of operations.
the Man Ind I all	
16. Informant MMD - Trall Phonosian Maja	Autopsy results
Address - Grand Lewen-a a Po. Ma	
17 Berrial Date thereof DESJ-12-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Woodfawa Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Stuvast Minorento:	Means of injury Injured all work?
Address 108 WYork Owl.	a comment from the C. Barel
Nea . 45 1 W. W. D O.	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address auforts my Date signed 12.8.4)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10800

CERTIFICATE OF DEATH

Reg. Diat. No. 21

Gounty	Arundel		URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) state Maryland County Anne Arundel
	e of death?	3 yrs	······································	City or town South Haven nr, Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. none
				(If rural, give LOCATION)
How long in hospital o			······································	2.(a) If veteran, name war.
3. (a) FULL NAM		NITA B.		3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Ma	rried	20. DATE OF DEATH. QUE. 30 1947 21 730.
6.(b) Name of husband 7. Birth date of deceased (mo., day,	**************************	6.(0	ark	21. I CERTIFY that death occurred on the date above stated account of a common of the
8. AGE: Year	s Months	Days	If less than one day	
43	3	15	hrsmin.	Carelnoma of legit breast
11. Industry or busines	(Town House ss none	wife	. California	Due to lings and applicant Dither conditions
	Ella Ma San Fr		ck , Calif	(Include pregnancy within 3 months of death) Major fiedings of operations
16. Informant	r. Louis		knnapolis, Md	Actorsy results
17Buria	n, or removal. Which	Date there	Jan. 8, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
			ional ^C emetery	Where did Injury occur? (City or town) (County) (State)
	0 ,	_	£	Injured at home, temp, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	Ben L. Ho	opping	and Son	at my 1 - 11 a de repair
Address 170-	-172 West 5	St. Apre	apolis, Md.	23. SIGHTUYE MM M. Coffy M. D. Sacretical M. D. or direct
(Date rec'd by re	egistrar)	1/1/	Registrar	TAddress May our Ma Date signed 1-1-4



2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County City or town City or town How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Cleon 4. Sex 5. Colong race 8. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Pozier Cleon Co	3. (b) Social Security Number
Betting and the second of the	and that I last saw h alive on Doc Jumediate cause of death DURATION

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DFC 17 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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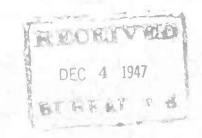
10802

CERTIFICATE OF DEATH

Reg. Dist. No. 21

8. (b) Name of husband or wife Perry Day 7. Birth date of deceased (mm., day, yr.) Jan. 1873 8. AGE: Vears Months Days Illiess than one day 74 hrs. min. 9. Birthplace (rown, county, and state) 10. Usual occupation Domestic 11. Industry or business 12. Name John Curtis 13. Birthplace St. Marys Co.Md. Harriet Curtis 14. Maiden name Md. 15. Birthplace Md. 16. Informant Rose Thompson Address 212 Duke Of Flouster St. 17. Due to Marys Co.Md. 18. Alopsy results Physicians (include pregnancy within 3 months of death) Major findings of operations. Due to Major findings of operations. Major findings of operations. Date thereol County (month) (day) (year) Cemetery or cremation, or removal. Which?) Dread thereol County (State) Dread there did injury occur? (City or town) (County) (State)	1. PLACE OF DEATH: county Ann Arundel. City or town Annanclis (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 212 Dureof Glouster St. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbrin infants give residence of mother) State Maryland County Ann Arundel Annapolis City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2.12. Duke Of Glouster (If rural, give LOCATION) 2.(a) Il veteran, name war.
See S. Solor or race Colored Widow		3. (b) Social Security Number
Ection and insuband or wife Perry Day 6.(b) Name of husband or wife Perry Day 7. Birth date of deceased (mo., day, yr.) Jan. 1873 8. AGE: Years Months Days It less than one day 74 hrs. min. 9. Birthplace Edge Water, Md. A.A.O. 10. Usual occupation. Domestic 11. Industry or business 12. Name John Curtis 13. Birthplace St. Marys Co.Md. 14. Maiden same. 15. Birthplace Md. 16. Informant. Rose Thompson. Address 212 Duke Of Glouster St. 17. Bush as manual industry or business 18. Industry or company. Which) 19. Dec. 4, 1947 11. Industry or company. Which) 12. Violence: It death was due to extend cause to which death abould be charged stabilically. 27. Violence: It death was due to extend cause to which death abould be charged stabilically. 28. Date of op. 29. Date of operations. 19. Dec. 4, 1947 11. Industry or business 11. Industry or business 12. Name John Curtis 13. Birthplace Md. 14. Maiden same. 15. Birthplace Md. 16. Informant. Rose Thompson. Address 212 Duke Of Glouster St. 17. Bush have condening the cause to which death abould be charged stabilically. 29. Violence: It death was due to extend cause, till in the following: Cemetery or crematory. Brewer Hill 18. Funeral director. Annapolis, Md. 19. Johnson 19. Johnson 10. State) 10. Wineral director. 10. Wineral director. 11. Industry, public place (where?) 12. Manual industry, public place (where?) 13. Manual industry, public place (where?) 14. Maiden same. 15. Funeral director. 16. Informant. Rose Thompson 17. Bush dates above clated: that l altended deceased from and like on the date above challed: that l altended deceased from and like of cause of death. 18. Justin Cartin Industry occurs of death. 19. Justin Cartin Industry occurs of death. 20. Date of Graph Industry occurs of death. 21. Industry occurs of death. 22. Violence: Industry occurs of death. 23. Date of State Ind		
1. Birth date of deceased (mo., day, yr.) Jan. 1873 8. AGE: Years Months Days II less than one day 74		10 0
8. AGE: Years Months Days It less than one day 74	7. Birth date of	and that I last saw h & alive on Dec 1, 1947 19
to. Usual occupation Domestic 11. Industry or business 12. Name	8. AGE: Years Months Days Illess than one day	
Differ conditions 12. Name John Curtis 13. Birthplace Harriet Curtis 14. Maiden name 15. Birthplace Md. 16. Informant Rose Thompson Address Physician Date thereol Date thereol Date thereol Cemetery or crematory Brewer Hill Annapolis, Md. J.B. Johnson 18. Funeral director Address Annapolis, Md. Breaker Annapolis, Md. B	(lown, county, and state)	Due 10 Agpertensine Cordio-Vascular Disease / year
Harriet Curtis 14. Maiden name Major findings of operations. 15. Birthplace Md. 16. Informant Rose Thompson Address 212 Duke Of Glouster St. Purial Dec. 4. 1947 (Burial cremation, or removal. Which?) Cemetery or crematory Brewer Hill Annapolis, Md. Location J.B. Johnson 18. Funeral director. Address Annapolis, Md. B.O. B.O. B.O. Control of the capture of the capture within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the capture to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Major findings of operations. PHYSICIAN: Please underline the capture to which death should be charged statistically. City or town) (County) (State) Means of injury occur? Means of injury injured al work?	John Curtis 12. Name St. Marys Co.Md.	
Address 2I2 Duke Of Glouster St. Dec. 4, 1947 [Burial eremation, or removal Which?] Cemetery or crematory. Brewer Hill Annapolis, Md. Location. J.B.Johnson Address Annapolis, Md. B.Q. 2000 162		Major findings of operations.
Date thereol Dec. 4, 1947 (Burial eremation, or removal, Which?) Cemetery or crematory Brewer Hill Annapolis, Md. Location J.B. Johnson 18. Funeral director Address Annapolis, Md. B.Q. Box 162	Address 212 Duke Of Glouster St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Annapolis, Md. J.B. Johnson 1B. Funeral director Address Annapolis, Md. B. Q. B. V. 162		Accident, suicide, or homicide
18. Funeral director	Annanolie Md	Injured at home, tarm, industry, public place (where?)
19. Det. 4 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Annapolis, Md. B.O. B. 162	23. SIGNATURE Herdre J. Johnson M. of M. D. or other





CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State County Clly or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Ellershaw 3. (0) Social Security Number MEDICAL CERTIFICATION
my wilsoned	20. DATE OF DEATH LLC 2 3 1947 21/0 30 N
6,(b) Name of husband or wife	all 2 19 4/ 10 dec 23 194
7. Birth date of Section 1997 A Sect	and that I last saw h. An alive on Alle 2.3 13.4
deceased (mo., day, yr.)	Immediate cause of death DURATION ?
9. Birlhplace. Yorkshire Cugland (Town, county, and state)	. Due 10
1D. Usual occupation	Due to
12. Name Report B. Ellershow 13. Birthpiace Yorkshire England	Dther conditions
14. Maiden name Mary Singleton 15. Birthpiace Yndeline Confand	Major fiudiogs of operations
	Date of op.
16. Informant B. Bleriture	Autopsy results
Address 17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Q. Q. Co. Toul.	Injured at home, farm, industry, public place (where?)
18. Funeral director. John Sy. Taylor A	Msans of injury Injured at work?
Address anapoli Hill	23. SIGNATURE M. J. Klaumus, M.D. or other
19. Ple. 7 19 7 PROJECT Registrar) (Date rec'd by registrar) Registrar	Address Chinagolis Md Bate signed 12/26/4

BINDING

FOR

RESERVED

PLEASE WRITE



MARGIN RESERVED FOR BINDING

PLEASE WRITE

SA

2411 N. Charles St., Baltimore

10805

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Onege areadel	(For newborn infants give residence of mother)
City or town	State Mary land County U. L. Co.
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 105 Spa View are.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary agres Elling	hausen
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W married	^
7 00 19	20, DATE OF DEATH OLC 19.4. al.
5.(b) Name of husband or wife Johnston & Cllingham	21. I CERTIFY that death occurred on the date above stated; That I attended deceased from
5.(0) Name of husband or wite	due 9 1947 to due, 2 1947
7. Birth dale of	and that I last saw h. L. alive on
7. Birth dale of deceased (mo., day, yr.) April 3 4 1903	
8. AGE: Years Months Days If less than one day	70
44 8 9hrs.	
0 0 0 0 0	
9. Birthplace airs apale, H. H. Co., Uld.	Oue fo
(16wn, county, and state)	
10. Usual occupation	Que to
11. Industry or business	
12. Name William Hambrack	Alt dilana
	Other conditions
13. Birthplace Germany	(Include pregnancy within 8 months of death)
14. Maiden name Frances Witthofshy 15. Birthplace Gernary	
	Major fiedings of operations.
- 11 0 0 CAA P	Oate of op.
16. Informani Mer. Herman 6. Clang Rans	Actopsy resolts.
Address Americalis Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 11 12/1-/12	22. VIOLENCE: If death was due to external causes, fill in the following:
17(Burial, cremation, or removal, Which?) (mowth) (day (year)	Accident, suicide, or homicide
14 400	Where did Injury occur?
Cemetery or crematory	
Location alune park mel	Injured at home, farm, Industry, public place (where?)
18. Funeral director John my Tay Cox . Sa	Msens of Injury Injured at work?
Address Amasaa Mid	- Janes Janes C Board
Deall 112 month	23. SIGNATURE M. D. or other
19. (Date rea'd by registrar) Regist	trar Address Umaforlo m Date signed / 2:14. 4
(Mare tee a b) regionary	Danie and



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

10806

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Jelen B. File 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 4 5. Color or race 6.(a) Single, married, widowed, or divorced warning of the second s	MEDICAL CERTIFICATION 20. DATE DF DEATH 26 26 1947 21 1 20 A
6.(b) Name of husband or wite 6. Figure 2. Six of the state of 6.(c) If alive, give age year 7. Birth date of 7. Six of 9.7.	90w 19 19 45 to 10 19 47
8. AGE: Years Months Days It less than one day	Chrone Information Office Carbo Republished
9. Birthplace Quesqueta a. a. c. U.d., (Town, founty, and state)	Due to.
10. Usual occupation	Due to
12. Name	Other conditions
14. Maiden name Telegra 7. Sielinka 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant Res Edward E. Fierelle Address Castaset Med.	
11 Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
18. Funeral director Pur Pu. Yen Co. Man	Means of Injury Injured at work?
19. Dec. 27 18.47 Registra	23. SIGNATURE Line Line Land M. D. or other Address. Date signed 12/24/47



CERTIFICAT	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County ANNE ARUNDEL MD. City or town F. SEO. G. MEADE MD. (If outside city or town limits, write RURAM and give nearest town) How long in above place of death? 2 mos Nospital, Institution, or street address where death occurred: STATION HOSP:TAL, FT. MEADE, MD. Now long in hospital or inetitution? 3a days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
FRITH LARNEY E	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH Saturday, 13 December 19.47, 21 1:20 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated: that hattended deceeeed from THE ARY 9 Dec. 19 47. and that I last saw h 122 alive on 13 December 18 47. Immedia: cause of death Araburatory ament control OURATION
8. AGE: Yeare Monthe Daye If leee than one day 12	in ouri vosomoter i ellopse
8. Birthplace	Due to Server and midbourn Camage Due to Suldural and multiple force Numerinages about area of midd centers: Other conditions for distribution 3 felicites makes (Include pregnancy within 8 months of death) Major fiedings of operations of feliciting laparating for function of the felicities of
Address Ft Geo G Meade, Md. Removal (Burial, eremation, or removal, Whieh?) Cemetery or crematory Rocky Mt. Funeral Home Location Rocky Mt., Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Attack of cause. Where did injury occur? Ann space. Noach Ff. Meds. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) On Amepula Rd. Ft. Meds. Md.
18. Funeral director Lily & Zeiler, Inc Address 403 S. Wolfe St., Balto, Mds 19. 15 Dec 19. 17 CANTS N. GOLGGERG. (Date ree'd by registrar) Capt., MSC Registrar	23. SIGNATURE THEORY THE PROPERTY OF THE SIGNATURE THEORY THE STATE OF

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DEC 16 1947
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VS. A15

1. PLACE OF DEATH: Demos Samuel DO	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address 10/ Seventh City	(a) State md (b) County
(b) Street address 101 Seventh are	(a) State (b) County
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL and give town)
ibly	(d) Street No. 101 Senesith and
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	
(c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) (a) FULL NAME (b) If yeteran, name war (c) Hospital or institution: (d) Length of stay in Baltimore (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days)	WHAT IS A "CAUSE OF DRAYES!
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. —	20. DATE OF DEATH hecensles 14 19 47, at 1 PM
3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race divorced. Jenuale White divorced.	21. I certify that death occurred on the date above stated; that lattended deceased from 19 15 to 1977,
4 8 1	
6 (b) Name of husband or wife 6 (c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) Feb 9: 1866	Pulmonary
8. AGE: Years Months Days If less than one day	Congegtion / Louis
8. AGE: Years Months Days If less than one day hr	
	Due to suspertences
(Town, county, and state)	Due to Supertenden
10. Usual Occupation Mone 11. Industry or business None 12. Name Anknown	Other Conditions Hully
12. Name huknown	PHYSICIAN
y F	(Include pregnancy within 3 months of death) Date of operation
13. Birthplace hukingwa	Major findings of operation:
14. Maiden Name huknowa 15. Birthplace huknowa	death should be charged statis-
15. Birthplace huksnown	of autopsy: tically.
15. Birthplace huknown 16 (a) Informan M. Milleam Galleon (b) Address (2) Several And	
	(a) Accident, suicide, or homicide
17 (a) Burial, cremation, or removal) (month) (day) (year	(b) Date of occurrence
	(City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public
10 Margarett Wt	place?
	(Specify type of place)
The Field St.	(e) Means of injuly
	23. Signature Quality Man Delay
19 (a) /2/16/42 (b) A: Lu feduck (Date rec'd by registrar)	Address 1221 Marke Date signed 70 7
VS 150	12/13/43

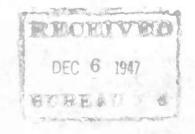
CERTIFICATE OF DEATH

O DICTION	Reg. Dist. No.
1. PLACE OF DEATH: Gounty City or town. (If outside city or town lights, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Williams, Wals	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town infints, write RURAL and give nearest town) Street No. (Idurai, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced Surgle	MEDICAL CERTIFICATION 20. DATE OF DEATH 3 Sec 19 4 7 21 4 3 0 P. M
8. AGE: Years Months Days It less than one day O 18 Birthplace Saltanae (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 18. 4.7. to 3.4.0. 19. 4.7. and that I last saw hear alive on 3. 5.0. 4.7. Immediate cause of death. Duration Due to 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
11. Industry or business 12. Name. We was Steatry. She 13. Birthplace Mase. Marcae Marcae 14. Maiden name. Dance Marcae 15. Birthplace Mancae Marcae 16. Informant. We We that ye from the following of the control	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Blanch Barrier B
Location Characteristics 18. Funeral director Sales May Fay Sales Sales 19. Dec 5 19 47 Registrar Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE

information carefully of death clearly and BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes FOR RESERVED MARGIN PLAINLY, V is especially

WRITE

PLEASE



VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

10810

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother) State
000 1010 0 7 100 00	on Thoson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 6.5 7	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from Size 2
Address West River, Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Location Settling Hardesty Address Location Address Location 18. Funeral director Address Location 19. (Date rec'd by registrar)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide

Froo Distur mis Emus Rawlings Bout, mis Rosie Carry L Ferma. hus James w Terrer - Lothein Brothe Richard Mullar. Westjew

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MARYLAND STATE DEPARTMENT OF HEALTH

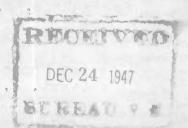
2411 N. Charles St., Baltimore

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10811 Reg. Dist. No.....

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FRT	ATE	OF	DE	ATH	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Ann Arundel City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Hattie Pearl Giles	3. (b) Social Security Number		
4. Sex Female Colored Widow Widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of hueband or wife. George Giles. 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.)	and that i last eaw he alive on Dec 18 1947		
8. AGE: Years Months Daye If less than one day	Immedia granse of death DURATION Our Convoy (P) DURATION		
8. Birthplace	Due to		
E 12. Name George Monroe E 13. Birthplace Calvert, Co.	Dither conditions		
14. Maiden name Emma Monroe 15. Birthplace Calvert Co.	(Include pregnancy within 3 months of death) Major findings of operations		
William E. Thomas Edgewater P.O., Md.	Autopsy results		
Burial Burial Dec. 23, 1947	22. VIOLENCE: If death was due to external causee, till in the following: Accident, suicide, or homicide		
Calvert Co., Md.	Injured at home, farm, Industry, public place (where?)		
J.B.Johnson	Means of Injury Injured at work?		
18. Funeral director. P.O.Box 462 Annapolis, Md. Address 19. Dec. 2 19 47	23. SIGNATURE A, T. COCC M, D. or other Address 1 7 Controll Date signed 12-49-44		
(Date rec'd by registrar) Registrar	Address Date signed.		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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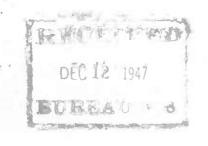
				11			
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County			
			7 7				
City or fown(I	f outside city or town l	imits, write R	URAL and give nearest town				
. How long in above pla	ice of death?		3 Days		City or town Baltimore (If outside city or town limit		nearest town)
Hospilai, institution,	or street address where	death occurred	:		Street No. 2424 Annor C	ourt	
			***************************************		(If rural, give LOCATION) 2.(a) If veleran, name war		
	or institution?						
3. (a) FULL NA	ME						
	C	HARLES	S EDWARD GOS	S		283 07 5	878
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
Male	White]	farried		20. DATE OF DEATH. December	9 1947	11P
6.(b) Name of husba	nd or wife Harg	aret /	A. Goss		21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
Nee Wils			e) If alive, give age		December 8 19		
7. Birth date of					and that I last saw h. Acresalive on	Luc.	8 19.4.7
deceased (mo., da	y, yr.) Months	Days	1893.		Immediate cause of death. O. Accessor		
o. non.			7377		Varrulas flix	east.	5 month
	54 8	28	hrs	min.		***************************************	
9. Birthplace Louistown, Mifflin Co., Penna. (Town, county, and state)				18.	Due 10		
10. Usual occupation Machinic				- 11			
			less Steel		Due to		
Harry H. Goss					Other conditions		
13. Birthplace McClure, Penna.							10 400
# 14. Maiden name Markaret Stuck					(Include pregnancy within 3	months of death)	
14. Malden nam	ne				Major findings of operations		
∑ 15. Birthplace	McClure,	Penns	2.			Date of op	***************************************
14. Malden name Markaret Stuck 15. Birthplace McClure, Penna. 16. Informant Mrs. Margaret A. Goss					Antopsy results.		
			asadena Md.R		PHYSICIAN: Please underline the cause to w		ed statisticsly.
17. Shipper Bate thereof Dec. 11 1947 (Burial, cremation, or removal, Which?)				22. VIOLENCE: If death was due to external ca			
			ar)	Accident, suicide, or homicide	Date of		
Cemetery or crem	atory		***************************************		Where did injury occur?(City or town)	(County)	(State)
Mt. Union, Pennsylvania					Injured at home, farm, industry, public place (where?)	
18. Funeral director. Thomas V. Singleton Address Glen Burnie, Md.				Meens of Injury	Injured at work?		
				1 3	de land	11 m 10	
			1 0 Bl.	1	23. SIGNATURE	M. I	D, of other
19.	/0 19 47 registrar)	a	x·ce-en c	gistrar	Address Oliviera Beel	h Mid Data along	12/10/47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

VS A15

PDEASE WRITE



	PARTMENT OF HEALTH
CERTIFICAT	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: County City or town. (If outside city of rown limits, write RURAL and grye nearest town) How long in above place of death? Hospilal, instillution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newforn infants give residence of mother) Slate
How long in hospital or institution?	2.(a) If veteran, name war.
4. Sex 5. Coffer or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6.(6) Name of husband or wife	20. DATE OF DEATH 19 at 19. at 21. I CERTIFY that death occurred on the date above stated; that I attended doceased from 19. 27. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Town, county, and states	Immediate cause of death DURATION Due to
11. thoustry or business 11. Name	Other conditions
14. Maiden name Amil may Jones 18. Informant Amil may Jones Address Burlingh Heights	Major findings of operations
17. Burial, cremation, or removal. Which?) Cemetery or crematory Daylet Camella Camel	Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE Differ Bennie Date signed 73/59:



FOR BINDING

RESERVED

MARGIN

1. PLACE OF DEATH

How long in above place of death?.

How long in hospital or institution?.

6.(b) Hame of husband or wife ...

Years

(Burial, cremation, or removal. Which?)

3. (a) FULL NAM

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation.

11. Industry or business 12. Hame

13. Birthplace

Cemetery or cremators

(Date rec'd by registrar)

18. Funeral director. Address

14. Maiden na 15. Birthplace 14. Maiden name

8. AGE:

Hospital, institution, or street address where death occurred:

y or town limits, write RURAL and give

6.(a) Single, married,

MARYLAND STATE DEPARTMENT OF HEALTH

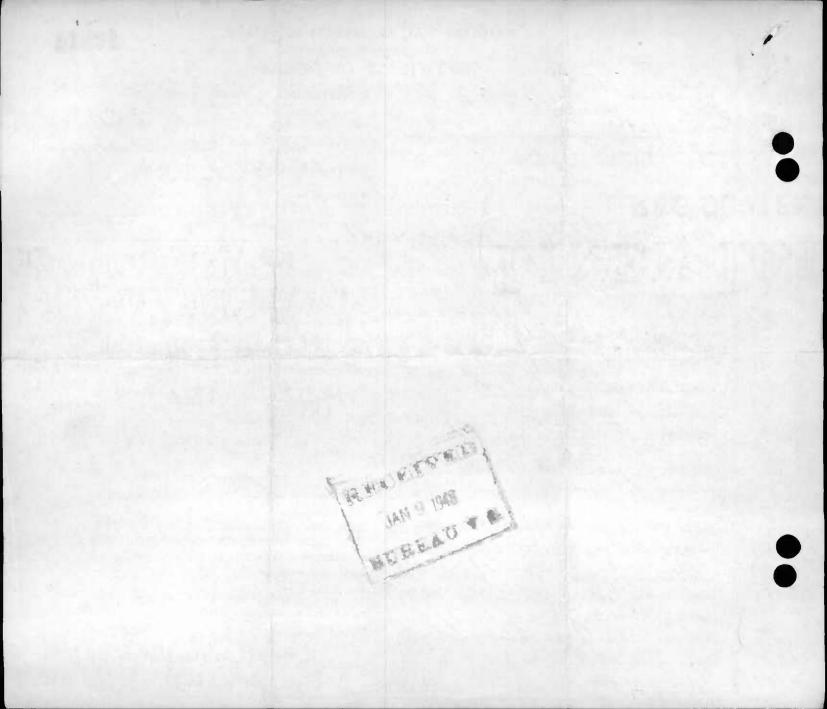
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		11081 21811 110111111	
	2. USUAL RESIDENCE (HOME) OF (For newborn infinits give residence of r	DECEASED:	
te RURAL and give nearest town)	State Cour	niy I, I, D	f
wowned and give nearest towny	City or town(If outside city or town limits	, write RURAL and give ner	rest town)
ırred:	Street How Por Satt 2011	16	.,,,
	2.(a) If veteran, name war	LOCATION)	
1: 6	1	3. (b) Social Security	Number
ingle, married, widowed, or divorced	a)	Physical	0
mariel.	20. DATE OF DEATH DEC. 10	RITIFICATION 1947	107 P
M. Grines	21. I ERTIFY that death-deured on the date above	ve stated; Ihair attended dece	ased took 11 7
6.(c) If the, give ageyears	Xun, 14	6 10	10 194
1878	and flat I last saw h. A.A.A. alive on	S	DURATION
If less than one day	bould Cardiac his	uff. with	2,,,
min.	Pulmpieny octes	uk).	27 hrs,
nd state)	Due to Hyperleusius CA	ulis-Vag.	1.0
an)	Due to Delicere	***************************************	14.
Bran	Parterio . S.	lesons	5/444
mad	Dither conditions.		
· · · · · · · · · · · · · · · · · · ·	(Include pregnancy within 3 m	onths of death)	
1	Major findings of operations		
m Oresuls)	Autopsy results	Date of op	
las see soul	PHYSICIAN: Please underline the cause to whi		statistically.
hereof (Leve. 13, 194)	22. VIOLENCE: If death was due to external caus		
(month) (day) (year)	Accident, suicide, or homicide	Date of	
	There did injury occur?(City or town)	(County)	(State)
6/2 1/10	Injured at home, farm, industry, public place (who Maene of Injury	lojured at work?	,
y surelesson	24 . 1. 26	1/0.	No A
Valoria Home 1	23. SIGNATURE CALLY SI	M. D.	or other
Registrar	Address Davoge, U	Date signed	471114

ly every item of information careful write the causes of death clearly an ADING INK. Supply Physicians: please wr WITH UNF/ s especially WRITI

EASE



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

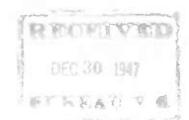


10815

CERTIFICATE OF DEATH

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				1	C	X
				W	8	
ter.	Diat.	No				

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
State Maryland County Anne Arundel
City or town
Street No. Poorhouse, Carter's Home
(If rural, give LOCATION)
2.(a) If veteran, name war.
3. (b) Social Security Number
MEDICAL CERTIFICATION
2D. DATE OF DEATH. December 15 19 47 at 5:00 a M
21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
October 18 41 to Dec. 15 19 47
and that I last saw n
Immediate cause of death
Due fo.
Known to us since
Dither conditions Psychosis with mental defi- 5/29/40
Dither conditionsA. J. M. A. W. D.
ciency and paranoid ideas (Include pregnancy within 3 months of death)
Major findings of operations
Autopsy results.
PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?
T(h()
hest provocuse in V
23. SIGNATURE M. D. or other
Address Date signed



WRITE

PLEASE

VS A15

MARVIAND	CTATE	DEPARTMENT	OF	MEATTE
MAKILAMI	SIAIL	DEPARTMENT	THE STATE OF	Hr.Al. II

2411 N. Charles St., Baltimore

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Reg. Diat. No......

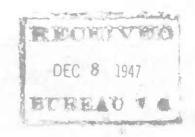
CERTIFICATE OF DEATH

. PLACE OF DEATI				
ounty Anne Aru				
ity or town Crown	sville, M	aryla	1d URAL and give nearest tow	
			months, 23 da	
ow long in above place of cospital, institution, or stre				Q1.W
Crownsville	State Ho	spita	l, Crownsville,	Md
nw long in hospital or ins	titution? 3 ye	ars,	2 months, 23 d	lays
. (a) FULL NAME				
(0) 1022 111112	FRANK H	ANDY		
Male 5.	Negro	4.5	e, married, widowed, or divorced	
MG TO	110810	IVIQ.	11100	
(b) Name of husband or w	vifeUnknow	n		
) If alive, give age	year
Birth date of deceased (mo., day, yr.)	unknown		1872	
. AGE: Years	Months	Days	if less than one day	
75	?	?	hrs.	min
. Usual occupationS.	choolteac	her	***************************************	
	known			
12. Name	AREALANAKAI	***************************************		
1 13. Birthplace	Doole	1 To-	D 7 7	
14. Maiden name	Rache	T Jai	ne Pernell	
14. Maiden name	Md.			
TT_	4 A - 7 T	3 .		
6. Informant Hosp	TraT Reco	ras		*********
Address Crowns	sville, M			
Burial			Dec . 6 , 1947	,
(Burial, cremation, or	removal, Which?)	Date then	(month) (day) (yes	ar)
Cemetery or crematory	Longs	*****************		
Nea	r Selby	Vill	e.Del.	
Location	-			
B. Funeral director	J.B.Jo			
Anna	polis,M	d. TT	Md.	
Wante 22		-		
1)ec. 4	19 47	21	· Loyce Lo	cal
(Date rec'd by registr	ar)		Re	gistrar

	2 (b) S. : IS :: N I
	2.(a) If veteran, name war.
3	(If rural, give LOCATION)
	Street No. R.F.D. # 2 Box 154
1	(If outside city or town limits, write RURAL and give nearest town)
ļ	City or town Selbyville
	State Delaware County
	2. USUAL RESIDENCE (FIOME.) OF DECEASED: (For newborn infants give residence of mother)

MEDICAL CERTIFICATION	
20. DATE OF DEATH December 1rst 19.47	at 2:35P.
21. I CERTIFY that death occurred on the date above stated; that I attended dece September 8th 19.44 toDecember	ls.t1947
and that I last saw himalive on December 1st	19 4.7.
Immediate cause of death Cerebral Arteriosclerosis Know since	n to us
Due to	
Due to.	
Other conditions Psychosis with Cerebral	
Arteriosclerosis Kn (Include pregnancy within 3 months of death)	
Major findings of operations.	9/8/1944
Autopsy results	statisticslly.
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	
Where did injury occur? (City or town) (County)	(State)
Injured af home, farm, Industry, public place (where?)	
Means of Injury Injured at work?	
23. SIGNATURE acab Margenster M. D.	r · P

Crownsville, Maryland Date signed 12/1/47



BINDING

FOR

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1390-

10818

CERTIFICATE OF DEATH

g. Dist. No. 2/

Chillianon	Reg. Dist. No.
1. PLACE OF DEATH: Anne Arundèl County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne Arundel Annapolis City or town (If outside city or town limits, write RURAL and give nearest town) 57 Calvert Street (If rural, give LOCATION) 2.(a) It veteran, name war
3.(a) FULL NAME Thelma Jaunita Holland	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Colored Single	MEDICAL CERTIFICATION 20. DATE DF DEATH December 17 19 47 21 1100 P.
6.(b) Name of husband or wile	Immediate cause of death Oppendate Open 19 DURATION 10 2 h
9. Birthplace Annapolis Maryland (Town, county, and state) 1B. Usual occupation Housewife 11. Industry or business None 12. Name Harry Holland	Due to Due to Differ conditions
14. Maiden name Florence Elizabeth Carroll 15. Birthplace Annapolis, Maryland Florence Elizabeth Carroll 16. Informant Street	Major findings of operations. Date of op. Antopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.
Burial 17 Burial Date thereof 12-21-1947 (Burial cremation, or removal Which?) (month) (day) (year) Cemetery or crematory West Street Extended	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE Theorhy Shoet M. D. or other. Address 40 Merthur Sheet Date signed 12/19/47



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

CERTIFICATE OF DEATH

00 1 287 Reg. Diat. No.

/	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Anne Arundel	State Maryland County
City or town. Crownsville. Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 5 months, 23 days	City or town. Baltimora (If outside city or town limits, write RURAL and give nearest town)
Hospilai, institution, or street address where death occurred:	Street No. 923 Argyle Ave.
Crownsville State Hospital, Crownsville, Md.	(If rural, give LOCATION)
How long in hospital or institution? 5 months. 23 days	2.(a) If veteran, nams war. World War I
3. (a) FULL NAME	3. (b) Social Security Number
CLIFFORD HOLT	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Widowed	20. DATE DF DEATH December 20th 19.47 at 2:00P.
	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6.(b) Name of hysband or wifs Unknown to us	June 27th 18 47 to December 20ths 47
	and that I last ssw h im alive on December 20th 19 47.
7. 8irth dats of deceased (mo., day, pr.) 8/3/1899	
8. AGE: Years Months Days If less than one day	Immediate cause of death
48 4 17 hrsmin.	since 12/17/47
	31100 10/11/11
9. Birthplace North Carolina (Town, county, and state)	Due to
10. Usuat occupation Laborer	
	Due to
11. Industry or business	Domonoid Conditions Translate
12 Name Ashley Holt 13 Birthpiacs North Carolina	Other conditions Paranoid Conditions Known to us
	(Include pregnancy within 3 months of death)
14. Maiden name Eddie Durham 15. Birthplace North Carolina Hospital Records	Major findings of operations.
15 Birthniage North Carolina	major namings of operations
16 Informant Hospital Records	Autopsy results. Furulent Mengitis due to brain abs-
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Crownsville, Maryland	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, semition, or removal, Winese)	Accident, suicide, or homicide
(Burial, asemation, or removal, Whiteh) (month) (usy) (year)	Where did latery occur?
Cemeiery N	
Location Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Support	Mssas of injury Injured at work?
Address Crown Kirlle And	Adams of his
Address	23. SIGNATURE M. D. or other
19. 197 C. 7. Force Octave	Crownsville, Maryland Bate Street 12/20/47



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VS A15

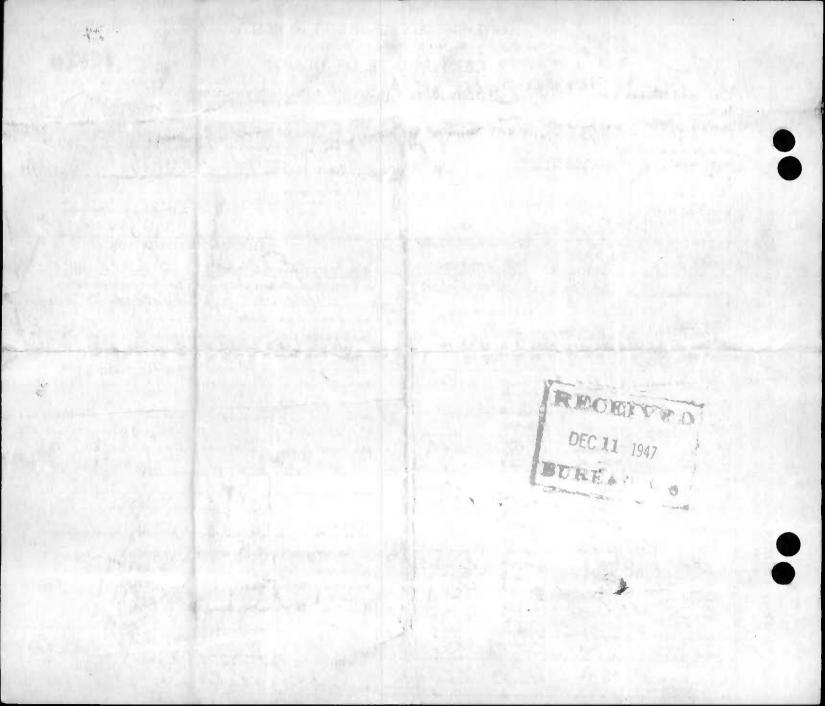
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
	State Double Country a.a. Country
City or town	
4	City or town (if outs to city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. Solly Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	0 (1) C : 1C : N 1
3. (a) FULL NAME	3. (b) Social Security Number
Michael Housel	NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2-2	
M. Wistower	20. DATE OF DEATH Desember 3 1947 at 4 P.
0 1/ 1/4	
6.(b) Name of the and or wife Munic Housel	21. I CERTIEY hat/death occurred on the date above stated; that I attended deceased from
	Sept 14 19 47 10 80 4 3 1947
6.(c) If alive, give age years	and that I last saw harmalive on
7. Birth date of deceased (mo., day, yr.) March 29-18-1	
	Immediate Jause of death
o. Age:	0.00. /. 13.
66hrsmin.	
Ogo bandanskin	
9. Birthplace	Due to
County, and state	
10. Usual occupation	Due to.
11. Industry or business	
12. Name James Houself 13. Birthplace Calchostovakia	Other conditions
3. Birthplace Calchostovakia	
	(Include pregnancy within 3 months of death)
里 14. Maiden name	Major findings of operations
14. Malden name Sanna Ticha 15. Birthplace Sechos Bovakia	
≥1 15. Birthplace	Date of op
16 Interment Mrs young care	Autopsy results
Address Polley Rd Gentionie P. O.	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address O olley Rd Jenemonie V.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bernel Date thereo Sec. 6-4	
(Burial, cremation, or remark) Which?) (month) (day) (year)	Accident, suicide, or homicide
Edar Hell	Where did injury occur?
Cemetery or crematory	
Location Gov. Ceremy 14 yawany	Injured at home, farm, industry, public place (where?)
my to Plilling	Means of Injury Injured at work?
18. Funeral director.	
2914 Hanney At -25	+ Muston
Address 3914 11 anovar 84.	23. SIGNATURE M. D. or other
Con K with St. Willeton	M. D. or other
19. (Date ree'd by registrar) Registrar	Address 2 3 (Youthers & Date stened



2411 N. Charles St., Baltimore

10821

EDTIFICATE OF DEATH

2

1 DIACE OF DE	ATH		2 HIGHAL DECEMENCE (HOME) OF DECEASED.	
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Ann Arundel			" Ann Arundel	1
City or lown. Ann.	apolis	uits, write RURAL and give nearest town)	Annapolis	****************
			City or town	mant tawn)
How long in above place	e of death?	eath necutred:		
3 Ple	r street address where de asant Cour	:t	Street No. Pleasant Court 43	
			2.(a) It veleran, name war	
3. (a) FULL NAM	E		3. (b) Social Security 1	Number
Cati	erine Tr	eland Hunt_		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	Colored	Widow	20. DATE OF DEATH December 37 1947	3,30
	A 22 +	him Himt	21.1 CERTIFY That death occurred on the date above stated; that I allended decea	
6.(b) Name of husband	or wite Art	STOLE STOLED	- 47 Dec	87 .
		0 (-) 11 -llus -lus	ars and that I last saw here alive on size 2.7	K19.
7. Birth dale of	yr.) August	22,1896		
		Days It less than one day	Immediate cause of death	DURA
8. AGE: Yea	Months	Days II less than one day		
		hrsm	in vorely deserte	
Wes	t River,	α.	Que 10.	
9. Birthplace	(Town, c	ounty, and states A. Co.	Due 10	
to the house maller	Dome	stic		
ID. Densi occupation			Due to	
11. Industry or busine	son Irela	24		
当 12. Name	30H TIETS	116	Other conditions	
Nel 12. Name	West Riv	Er, Ma.		
	Matilda(unknown)	(Include pregnancy within 8 months of death)	
14. Maiden name 15. Birthplace	Md.	V 11-1-V 17-1	Major fiedings of operations	
W 15 Birthplace	Ma •		Oate of op.	
T.	ames Hunt			
		hannad.	Antopsy results	statisticall=
Address & P.	Leasant Co	ourt		reconcerny.
Address Bur	ial	D 77 70.5	22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
17	n, or removal. Which?)	Date Thereof Dec. 31 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Brewer Hill Annapolis, Md.				
Cemetery or crema	Annenolie	MA	Whera did Injury occur? (City or town) (County)	(State)
Location			Injured al home, tarm, industry, public place (where?)	
Т	.B. Johnson	1	Means of Injury Injured at work?	
18. Funeral director	nnapolis,	E.O.Box462		1
	THEODOTTO	NO PROTEIN UNITED AND AND AND AND AND AND AND AND AND AN	A I I I I I	20 /
Address	1	V Date of the last		-
Address	31 1947	17 1	23. SIGNATURE M.D. o	or other

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VS A15



PLEASE VS A15

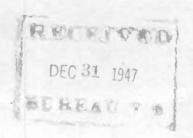
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10822 Reg. Dist. No. 28

1. PLACE OF DEATH: County Anne Arundel County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Reltimore City Reltimore City		
Cly or town. Crownsville, haryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? five years			(d RURAL and give nearest town)	State Maryland County Baltimore City City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. 938 North Stricker Street		
		e years	3	2.(a) It veteran, name war		
3. (a) FULL NAM JA(e Ckson - de	LLA		3. (b) Social Security No	imber	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	Black	his	arried	20. DATE OF DEATH December 20	4:45 A	
6.(b) Name of hysband	or wife Henr	y Jacks	son	21. I CERTIFY that death occurred on the date above stated; that I attended decesses November 10, 1942 to December	d trom	
7. Birth dale of	•••••	6.(c) It alive, give ageyears	and that I last saw her alive on December 20	1947	
deceased (mo., day.		man		_	OURATION	
8. AGE: Year	Months	Days	If less than one day	Immediate cause of death Tuberculosis of the lungs		
57			hrs,mln,	Known to us since November 14, 1947		
9. Birthplace Wes	st Virgini	.a		Due to.		
	(Tow:	n, county, and				
10. Usual occupation.	Domestic			Due to.		
11. Industry or busines	18					
質 12. Name St	amuel Gree	ene		Diher conditions Involutional psychosis		
12. NameSE	Virginia			known to us since November 10, 1942		
	Elsie Gor	re				
14. Malden name 15. Birthplace	Vincinio			Major findings of operations		
≥ 15. Birthplace	ATLETHTA					
16. InformantHo	ospital re	cords	***************************************	Actopsy results		
	vnsville,	Marvlar	nd	PHYSICIAN: Please moderline the cause to which death should be charged str	itistically.	
" Bur	iel		16/11/11/11	22. VIOLENCE: tt death was due to external causes, fill in the following:		
	, or removal. Which	(12)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory CCA	er m		Where did injury occur?		
Lecation Xe	wedy 7	elly	West Va.	Injured at home, tarm, Industry, public place (where?)		
LUCZIIOII	0.0	- 25	marker San	Means of injury Injured at work?		
18. Funerat director	har	Lis.	mal. o	Jacob Mouseuster, B		
19 Dec. 21	st. ,4	7 8	2 Joue Rocal	23. SIGNATUBE M. D. or M. D. or Address rownsville, Maryland Oate signed 2	otker 1/20/47	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10823

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: obunty. Anne Arundel City or town. Crowns ville, Maryland. (If outside city or town limits, write RURAL and give nearest town) How long in above piece of desth? 5 years, 8 months, 3 days. Hospitsi, institution, or sireet address where death occurred: Crowns ville State Hospital, Crowns ville, Md. How long in hospitsi or institution? 5 years, 8 months, 3 days. 3. (a) FULL NAME GLADYS JOHNSON	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residences of mother) State
4. Sex Female Negro 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of hysband or wife. James Johnson 6.(c) If alive, give ageyears 7. Birth data of deceased (mo., day, w.) Unknown to us 1970	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from April 14th 19 42 10 December 17 19 47. and that I last saw h OR alive on December 17th 19 47. Immediate cause at death Pulmonary Tuberculosis OURATION
8. AGE: Years Months Days If less than one day ? ?hrsmin.	Known to us since 12/3/1947
9. BirthplaceMaryland (Town, county, and state) 1D. Usual occupationHOUSEWORK	Due to
12. Name Webster Tolson 13. Birthplacs Maryland 14. Malden name Mary Gant 15. Birthplace Maryland 15. Interpret Hospital Records	Other conditions. Schizophrenia-Catatonic Type Known to us since (Include pregnancy within 3 months of death) 4/14/42 Major findings of operations.
16. Informent	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 1. Injured at work? 23. SIGNATURE M. D. or other Address Crownsville, Maryland Date signed 12/17/47



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Arrived el	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)
County	State Tharyland County Horne Hrundal
City or town	1 Marine mile
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Water bury lead
	(If rural, give DCATION)
How long in hospital or institution? Me Humapolis Nespital	
3.(a) FULL NAME Harie	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 25
fluale negro merries	20. DATE DE DEATH DEC. 19 1847 21 / F. W
Consum St. Co.	
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stoled: date death d
	1001 morrent oxumentory
7. Birth date of deceased (mo., day, yr.) Thanh 14, 1923	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
24 9 5hrsmin.	Treeting of skull, Outly
Waterbury AAR & The	
9. Birthplace(Town, county, and state)	Books and a second seco
10. Usuai occupation. Domestie	Minortage
11. Industry or business Housework	Due to
	Other conditions.
12. Name to epole broker	
	(Include prognancy within 3 months of death)
14. Maiden name Vrene Collins 15. Birthplace Water bury Med	Major findings of operations
\$ 15. Birthplace Water trusy Mid	
16. Informant Clarence M. Hotaling	Astopsy results
Addres (7.2) Convisville P.O. Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 00 10 7	22. VIOLENCE: If death was due to external gauses, fill in the following:
(Burlai, eremation, or removal, Which?) Date thereof (month) (dsy) (year)	Accident, suicide, or homicide.
Cemetery or crematory John Wesley.	Where did injury occur? Notethon Ann Bruske Mangland (City or town) (County) (State)
+ (h	injured at home, farm, Industry, public place (where?)
Location Walestrung and	Mesans of injury and range to tree injured at work? No
19. Funeral director 3:13. Junean	100 Mil as Deputy
Address Genapoles P. O. Bot 14 to 2	John M. Kathy M. X. medical
10 10 minus	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) Registrar	Address Avanagrous MA Cate signed 12-19-4

correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

RGIN RESERVED FOR BINDING

VS A16



-1	CERTIFICAT	E OF DEATH
100	1. PLACE OF DEATH: (a) Baltimore Cay, Maryland Q Q. Q.	2. USUAL RESIDENCE OF DECEASED:
AI AI	(b) Street address(c) Hospital or institution:	(a) State
fully.	Emergency Hospital, Annapolis, Md.	(d) Street No
be carefully d legibly.	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)
	3 (a) FULL NAME Lucille Johnson	
G INK. Every item of information should please write the causes of death clearly ar	3 (b) If veteran, name war No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or Female Colored divorced. 6 (b) Name of husband or wife 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hr. min. 9. Birthplace (Town, county, and state) 10. Usual Occupation (Town, county, and state)	MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 31, 19 47, at M 21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined and that the causes of death were: IMMEDIATE CAUSE OF DEATH. Pulmanary edema due to author disease.
I UNFADING Physicians:	11. Industry or business 12. Name Arthur C. Creek 13. Birthplace 14. Maiden Name Elsia Dairy Gray	Due to 95 C Other Conditions
MLY, WITH important.	16 (a) Informant Basil Johnson	(Include pregnancy within 3 months of death)
PLEASE WRITE PLAINLY correct age is especially imp	(b) Address 17 (a) Sumula (b) Date thereof Am 4-1948 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory mind sumulation Location (b) Address (b) Address (b) Address (b) Address (c) (b) Address (c) (c) (day) (day	22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury (b) Where did injury occur? (c) Did injury occur at home, on farm, industrial place, in public place? (d) Means of injury (e) Medical Examiner (M.D. Medical Examiner

VS 151

MARGIN RESERVED FOR BINDING



940

10827

CERTIFICATE OF DEATH

100%

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Creendel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	Cily or town
Hospital, Institution, or street address where do at occurred: Henrical Perry Road.	Streel No (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mrs. Eugene Kaises	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In white married	20. DATE DF DEATH December 6 1847 21 9 P.
6.(b) Name of Auchand or wife Hedwig Their	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
5.(c) If allve, give age 7 3 years	
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one day 2 5	Coronary delicion Ludden
9. Birthplace Jeesmany, Europe	Due to.
10. Usual occupation Machemist	Due in
11. Industry or business	buc (o
11. Name / arl Kuesle 12. Name / arl Kuesle 13. Birthplace blernony,	Diher conditions
3. Birthpiace Gleenway,	
14. Maiden namet redericks Kohles 15. Birtholace les many	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace leemany	
18 Intermedia. E. Karren, wife	Autopsy results.
Addres Linklesein, mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 12/10/47 (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematoryMoreland Memorial Park	Where did injury occur?
Location Taylor Ave.	Injured at home, farm, Industry, public place (where?)
18. Funeral directorClarence F. Hoffmann	Means of Injury Injured af work?
Address 1639 Broadway.	23. SIGNATURE M.D. or other
19. (Date rec'g'by registrar) 19. (Viginal Control of the Control	Addres blew Bernie, Ind Data signed 1 3/7/4,

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE 1

PLEASE

RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICAT	Reg. Diat. No.
T. PLACE OF PLATH: County City or town (If outside city or town limits, write KURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside by or town limits, wyto RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Trazeiska Kiesens	3. (b) Social Security Number
4. Sex 5. Color or race (8.(a) Single, married, widowed, or divorced white with	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH
6.(b) Name of huaband or wife Avillaging Trison batter 5. (c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; flaterationic diseased from
8. AGE: Years Montha Pays If less than one day 10 28	Immediate cause of death
9. Birthplace	Due to.
13. Birthplace Bolencia 14. Maiden name Fragnijska Jischler	Dither conditions
16, Informant M. P. M. Sisses out	Actopsy results
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Manual Manual Research (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, auicide, or homicide
18. Funeral director Survey Address Joon Joseph Att.	Means of Injury Rugues M. Caffer M. D. Deputy 23. SIGNATURE DOME M. Caffer M. D. Deputy 24. SIGNATURE DOME M. Caffer M. D. Deputy
19. Date rec'd by registrary 19. 47 (A) The Registrar	Address Hunapolis My Bate signed 12/26/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the phorn infants rive residence of mother) State City or town (If outsige city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Marie Kinn	3. (b) Social Security Number
4. Sex female 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 1947, 21 2P.
6.(b) Name of husband or wife 503. F. Krimmel 7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age ye 7. Birth date of deceased (mo., day, yr.)	Individual Company of the second of the seco
8. AGE: Years Months Days If less than one day	a Head
9. Birthplace (Town, couper and state) 10. Usual occupation	Oue to Chronic myacardity mukes
11. Industry or business 12. Name William Loschelder 13. Birthplace Germany	Other conditions
14. Maiden name	(Include pregnancy within 3 months of death)
16. Interment Joseph F. Rummel	Autopsy results
t7	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Comelery or crematory with a throughout the control of the control	Where did Injury occur?
Address 131 11 St St. SE Washington, D.C.	Means of Injury Injured at work? We put injured at work?
19. Dec. 10th 47 Dec. 10 Regist	23. SIGNITURE ALL M. D. of other Address Aunabolio Ma Date signed 12-10-

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No

	1. PLACE OF DEATH: County and a second of	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother)
	City or town	State Machand County City or town Baltimane
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 439 Whitridge ave.
	How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
	3,(8) FULL NAME	3. (b) Social Security Number
j	A. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	me w. Wishound	20. DATE OF DEATH December 3/ 1942, at 5 A.
	6.(b) Name of Australia or wife Dreamy / Lelly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7. Birth date of description of the state of	and that I last saw halive on
	8. AGE: Years Months Days If less than one day	Immediate cause of death
	82 2 28hrsmin.	Cerebral Theomboses Sudden
	9. Birthplace Baltimon M. (Town, county, and state)	Due to
	10. Usual occupation Returned engineer on	Bue to
	11. Industry or byalness	
	12. Name Level	Dther conditions
	14. Maiden name aulal Priscella Sesbest.	(Include pregnancy within 3 months of death) Major findings ol operations
	15. Birthplace	Date of on.
١	15 Helew Crawford (Saught	
l	Address Islew Busnie, Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
l	Burja / (Burja cremation, or removal mych?) Bate thereol. DEC. 23 /947 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
	Cemetery or crematory TEN Haven	Where did injury occur? (City or town) (County) (State)
	Location Glen Buynie, Ma-	Injured at home, farm, Industry, public place (where?)
	18. Funeral director homes W. Surgeton	Means of Injury tnjured at work?
	Address Glen Burgie, Md.	23 SIGNATURE Secretare & Jacoben Bus
	19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address la le sal Bussel, Ud. Date signed 2/2/4.
ı		

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DEC 29 1947

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH OF GO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the born infants give resistence of mother)
City or fown Part Co. 17 Co. 14 Comingy 10 plat	State Mary Chara County Circul Consulted
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME IT COMP KUOPP	3. (b) Social Security Number
4. Sea 1 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mite	20. DATE OF DEATH ALL 28 19.47 at 19 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26 19.4.1.
T. Birth date of The Company of the	and that I last saw h. Commalive on Acc. 77 18.4.2.
deceased (mo., dsy, yr.) APVII / 15'63	Immediate cause of death
8. AGE: Years Months Days If less than one day 21hrsmin.	pulnining inbolis
9. Birthplace Shedyside AD Co Md.	Oue to persiteting
10. Usual occupation Woterman	Due to
11. Industry or business	
12. Name Josepu Ruopp 13. Birthplace Ltermyuy	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name EllEN COLUINS 15. Birthplace Edgewiter PACO, Md-	Major findings of operatioos
2 15. Birtholace Edgewiter PACO, Md.	Date of op.
16. Informant word Hardesty	Aotopsy results.
Address & Glesville ned 31-1947	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bural Date thereof Alse 30104;	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Knopp (PMetery	Where did injury occur?
Location Dedle MIL-	Injured at home, farm, industry, public place (where?)
18. Funeral director of a Admitistry of m	Means of injury Injured at work?
Address Anlesville And	= if the line no
	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Lotticen, Ind. Date signed 12-29-47

4 .. 00 00 Marglinal and aread Emy Je fell Hely White 544 REGERE DEC 30 1947 SCREATIVE Bursal Alec 30,000 The formall the

MARYLAND STATE DEPARTMENT OF HEALTH

10832

CERTIFICATE OF DEATH

	2411 N. Char	rles St., Baltimore	107 10	832
	CERTIFICA	TE OF DEATH	Reg. Dist. N	o
County County	lel	2. USUAL RESIDENCE (H	OME) OF DECEASED:	6
County	Date and give nearest town)	State	County County	u. A
How long in above place of death?		Sireet No.	or two mints, rite to AL and gi	ve nearest towo)
How long in hospital or institution?		2.(a) It veleran, name war	If rural, give LOCATION)	
3. (a) FULL NAME	mals		3. (b) Social Sec	urity Number
4. Ser 5. Color or race 8.(a) Single,	, married, widowed, or divorced	X be	ICAL CERTIFICATION	Thos
6.(b) Name of husband or wife		20. DATE DF DF OF THE COLUMN 21. I CERTIFI that death occurred of	on the dale above stated; the lattende	d deceased from
7. Birth date of deceased (mo., day, yr.) dug H -	It alive, give ageyears	and that last saw the alive	on See 11-	Y 7 19.
8. AGE: Years Months Days	If less than one day	Immediate cause of death		DURATI
9. Birthplace	De C	Due to	Mars V	/0
10. Usual occupation		Due to		
11. Industry or business 12. Name 13. Birthplace 13. Birthplace 14. Name	ell,	Diher conditions		
	o ma	(Include pregnan		
14. Maiden name 12 le constitue Service Servic	e ma	Major findings of operations		
18. Informant Shuce Su	ren	Autopsy results	cause to which death should be ch	************************
Address Hall - Sla :	Mec. 13 1947		o external causes, fill in the tollowing:	arged statistically.
(Burial, cremation, or removal, Which?) Cemetery or mematory.	(month) (day) (year)	Accident, suicide, or homicide Where did injury occur?		······································
Location States A	· · · · · · · · · · · · · · · · · · ·	Injured at home, farm, industry, put		(State)
18. Funeral director	Tron	Means of luidry	Injured at work	-
Address Francisco	The land	23. SIGNATURE		L. D. or other
19. (Date rec'd by registrar)	Registrar	Wess Ol	Van Do	Ced D

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VS A15



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

CERTIFICATE OF DEATH

10833 Rog. Dist. No. 21

1. PLACE OF D		madel	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
	n 1	imits, write RURAL and give nearest town)	State maryland county anna arental		
How long In above pla	ace of death?	o days	City or town (If outside city or town li	mits, write RURAL and give near	rest town)
Hospital, institution,	or street address where	death occurred:	Street No. River Rd	,	
	me - Ri			give LOCATION)	
			2.(a) It veteran, name war	***************************************	
3. (a) FULL NA	ME Col	ward William	minte	3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
M	W	W	2D. DATE OF DEATH.	Ee_ 15-19.47	at 8 45 A. M
R (h) Name of husba	nd or wife£	la minte	21. I CERTIFY that death occurred on the date	above stated; that I attended doose	eed from-
				19tv	18
7. Birth date of	7.1	C. C.	and that I last saw halive on		19
deceased (mo., da	y, yr.) ars Months	Days I lifes than one day	Immediate cause of death		DURATION
8. AGE:	10	12hrsmir			
65		-70 1 A	Carebral has	morphage	***************************************
9. Birthplace	(Town	county, and state)	Due to		
1D. Usual occupatio	D	ter		***************************************	********************
		······································	Due to		********************
11. Industry or busin	PETER	MINTE			***************************************
			Other conditions		***************************************
		many.	(Include pregnancy within	3 months of death)	
E 14. Maiden nam	A GAT	HA 70	Major findings of operations		
14. Malden nam	Gen	namy			
16 Informant	thel m	. marshall	Autopsy results		
		ave . Word . De	PARTICIONAL N. D. 1. 1. 1. 1.		
			22. VIOLENCE: It death was due to external	causes, fill in the following:	
17 (Burial, cremati	on, or removal. Which?	Date thereof	Accident, suicide, or homicide	Date of	
Cemetery or crem	000-	v Hell	Where did injury occur?(City or tow	(County)	(State)
Location .	2	- d ml	Injured at home, tarm, Industry, public place		
	11	Jules Sous	Means of Injury	Injured at work?	
18. Funeral director	you so			11,1100 01 11711	
Address 175	6 Tenn	are M.W. Wash, W.C.	23. SIGNATURE E. PEIL	In Ritchia	v. m.D.
Dea.		1A 11 (1) MAN	23. SIGNATURE	Quality Do	rjother
19. (Duto roa'd by	19	Registre	7 Haddans Osmakalie	, hud . Date claned	De. 10, 194

DEC 17 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10834

. CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County. City or town. (If outside city or town timits, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboan infants give residence of mother) State
How long in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Halter J. M.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed.	MEDICAL CERTIFICATION
Male Mint marred	20. DATE OF DEATH Dec 31 1947, 21 3 p. 11
8.(b) Name of husband or wife of haunie & hoor 7. Birth date of deceased (mo., day, yr.) Match 31 /868	ant that I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death Cente Delitain 3 Leve Leve Level
9. Birthplace	Due to. Meyocodinis Ch. 84cm. Due to. Alecofelina when
13. Birthplace Balts	(Include pregnancy within 3 months of death)
14. Maiden name Sansa Thomas- 15. Birthplace Md.	Major findings of operations.
16. Informant Channie J Shoon	Autopsy results
Address Wischester Co. Co Md 17 Burial Date Thereof Jun 2 1942 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Isllumount lun	Where did Injury occur?
18. Funeral director John C. Modan	Means of injury Injured at work?
Address 3000 E Walter St	23. SIGNATURE Leage = Basil M. D. or other
19. Onte rec'd by registrar) 19. 48. D. O. W. Registra	M. D. or other M. D. or other Date signed / 2: 31. 4

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

VS A15 9.

PLEASE WRITE



MARYLAND STATE DEPARTMENT OF HEALTH

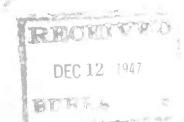
2411 N. Charles St., Baltimore

10835

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County	Anne	Arundel	\$ * * * * * * * * * * * * * * * * * * *		ounty Anne Arun	del
City or town	Annapolis	imits, write R	URAL and give nearest town)	State R.F. # 2	near Anna	molie
the last is shown along a	death?	0 Year	URAL and give nearest town)	City or town	its, write RURAL and give nea	POLLS
Hospital, Institution, or	street address where	death occurred	l:	R.F.#2 Box 610	near Annapoli	8
Emer	rgency Hos	spital		Street NO	re LOCATION)	
How long in hospital or	institution? 6	Hours		2.(a) It veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		Number
J. (a) 1 OLD 1111112	Joseph 1	Angemie	Monnie		None	Mambel
4. Sex	5. Color or race		e, married, widowed, or divorced			
.,					CERTIFICATION	
Male	Colored	WI	dowed	2D, DATE DF DEATH.	£ 19.47	1 202 P
	Mar	y Morr	is	21. I CERTIFY that death occurred on the date al	bove stated; That I attended dece	ased from
6.(b) Name of husband o	r wife		************************************	Dec 19		
7. Birth date of			c) If alive, give ageyears	and fhat I last saw halive on		
deceased (mo., day, yr	octo	ber 20,	1882			DURATION
8. AGE: Years	Months	Days	If less than one day	Immediate close of death		1/ luches
65	1	18	hrsmin.			
Wh	ite Stone	Virgi	nia	Due to certer vole of	- con 2:0 -	* *************************************
9. Birthplace		, county, and		vusula a	***************************************	10 m 12
10. Usual occupation	Farmer		***************************************			
11. Industry or business	Mana			Due to		•
	tin Morri	S				
王 12. Name	Virginia			Diner conditions	***************************************	***************************************
				(Include pregnancy within 3	months of death)	
14. Maiden name				Major findings of operations		
14. Maiden name 15. Birthplace	Unknown			Major findings of operations		
	Joseph	Linsy M	orris	Autopsy resplis.		
16. Informant				PHYSICIAN: Please underline the cause to		statistically.
Address	R.F.#2	DOX OTO		22. VIOLENCE: If death was due to external co	auses, fill in the following:	
17 Burial		. Date ther	eof (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation,		?) N7 = =1=	(month) (day) (year)			
Cemetery or cremator	, Broad	Meck	Skidmore Md.	Where did Injury occur?(City or town)) (County)	(State)
Location	Broad N	eck Chu	rch- Skidmore Md.	Injured at home, farm, Industry, public place ((where?)	
	Mrs. Cha	rles E.	Hicks	Means of injury	Injured at work?	
1B. Funeral director	43-45 No		***************************************	4		
Address	45-45 NO	renwest	Obrient	Das SIGNATURE & Gov	much und)
Des	11 1947	111	1. Unuc	4	M. D.	or other
(Date ree'd by reg	istrar)	···· // {/···	Registrar	Address aman ve	Date signed.	12/10/4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830-

CERTIFICATE OF DEATH

Reg. Dist. No. ..

22

3. (a) FULL NAME 4. Sex 5. Solor or case 6. (a) Single, married, wijewed, or divorced WEDICAL CERTIFICATION 20. DATE OF BEATH 21. GERTIFY that death occurred in the date above states: they in eltended deceased on deceased (mo., day, yr.) 8. AGE: Years 8. AGE: Years 8. AGE: Years 8. AGE: Years 8. AGE: Wears 9. Birthplace 10. Usual occupation. 9. Birthplace 11. Industry or business 12. Name Address A 13. Birthplace 14. Maiden name of A and A	County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
8.(c) Name of husband or wife. 1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths 5 Day 5 If less than one day 1. Birthplace.	3. (a) FULL NAME Bernard Mundell	3. (b) Social Security Number
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths 5 Dand 1 If less than one day 9. Birthplace Mooths 6 Dand 1 If less than one day 11. Industry or burthess 12. Name Address Mooths 1 Stripplace Major (month) (day) (year) Address Mooths 1 Stripplace Major (month) (day) (year) 10. Unclude pregnancy within a mouths of death Major fluidings of operations. 11. Industry or commont, which it is bringing of operations. 12. Water Major fluidings of operations. 13. Birthplace Major fluidings of operations. 14. Major results. 15. Birthplace Major fluidings of operations. 16. Informant Major (month) (day) (year) 17. When so of industry occur? (Oity or town) (County) (State) 18. Industry or commont. Which is mouths of death should be charged statistically. 29. State) 19. Major fluidings of operations. 20. Major fluidings of operations. 21. Manufacture of death and the fluidings of operations. 22. Manufacture of death and the fluidings of operations. 23. Major fluidings of operations. 24. Major fluidings of operations. 25. Major fluidings of operations. 26. Major fluidings of operations. 27. Major fluidings of operations. 28. Major fluidings of operations. 29. Major fluidings of operations. 29. Major fluidings of operations. 29. Major fluidings of operations. 20. Major fluidings		20. DATE OF DEATH DER. 30 1947. at 36.
But to be seed the seed of death and the see	6.(c) If alive, give ageyears	WEG. 233 1047 10 NEG. 30 104/
9. Birthplace	8. AGE: Years Mooths 5 Day 1 If less than one day	Cerebrael Haemonhage Just
11. Industry or business 12. Name	(Town, county, and state)	Due to longlastension 3 yrs
(Include pregnancy within 8 mouths of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured a1 home, farm, lodusiry, public place (where?) Means of injury Injured a1 work?	11. Industry or business	Bue 10 laters - Sellion 2 yrs
(Include pregnancy within 8 mouths of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured a1 home, farm, lodusiry, public place (where?) Means of injury Injured a1 work?	12. Name Demonstrated my Margette	
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of	# 14. Maiden name Dessie Dmysskill	
22. VIOLENCE: If death was due to external causes, fill in the following: (Bigriai, cremation, or removal, Which?) Comstery or crematory. Location D. Date thereof. (County) (County) (County) (County) (State) Injured a1 home, farm, lodus1ry, public place (where?) Means of Injury Injured a1 work?	16. informant Alssie Milandell	Autopsy results.
Comstery or crematory. County County County County	Da 19 19118 / No. 2-47	
Means of Injury Injured at work?	V. Linda and C. Carlotta and C	Where did injury occur?
	Location D. D. S.	
Address 22 M. Schordin Strit. 19. Chr. 2 18 48 Lolland Kristich (Dato rec'd by registrar) Registrar Address. Savage Uh. Daie signed 12 48	Address 22 M. Schordin Street	S. J. S. W. M. D. or other 18

FFB 10, 10,48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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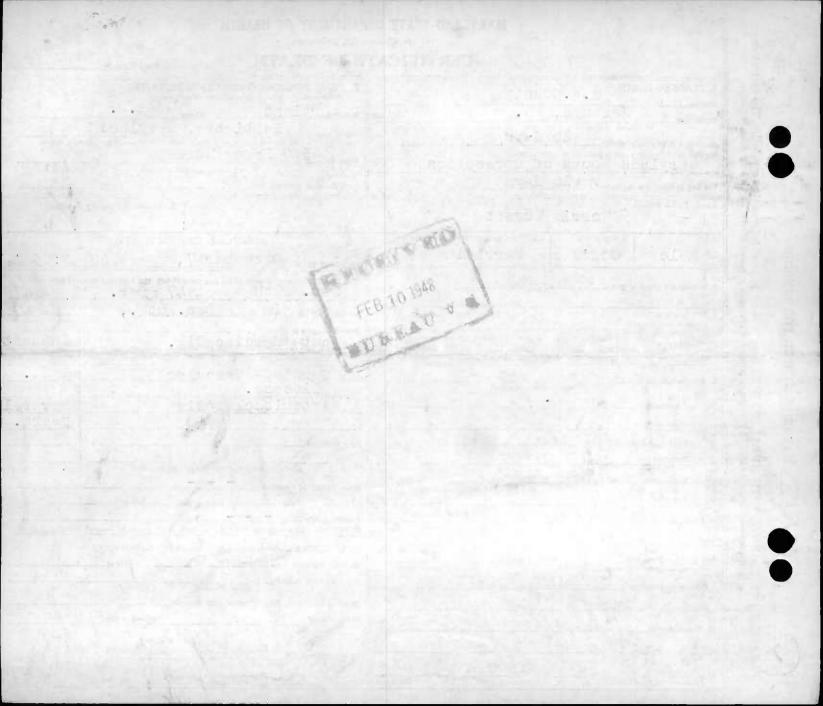
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10836
Reg. Dist. No. 22

1. PLACE OF DE	A.A.	County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	F DECEASED:	
	Jessups	Ma.	State Maryland County		
City or town(If	outside city or town l	imits, write RURAL and give nearest town)	Reltimore	Meryland	
How long in above plac	e of death?	U days	City or town. Baltimore,	write RURAL and give no	arest town)
Nospital, institution, o	r street address where	death occurred: of Correction	Street No. 589 Baker Str	eet	
Магута	nd House	of Correction	(If rural, give		
How long In hospital	or Institution? 1	O days	2.(a) If veteran, name war	***************************************	V
3. (a) FULL NAM	1E			3. (b) Social Security	
		s Nugent		J. (0) Ducias Decuary	Mumber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Col'd	Married	20, DATE DF DEATH. December 7	, 19.47	.7:05 Am
0	Vn	hnow	}		
6.(b) Name of husband			2f. I CERTIFY that death occurred on the date above Nov. 27th	47 Dec. 71	th . 47
T Wildle date of	***************************************		and that I last saw h im alive on Dec		
deceased (mo., day.	yr.)	1896			
8. AGE: Year	rs Months	Days If less than one day	Immediate cause of death	7	Instant
51		hrsmin.	NOTO VALUE DE	, ala. •	
9. Birthplace	2 hm	en a m	Due to Cardio - Vascul	27	1 mo.
9. Birthplace	(Town,	county, and state)	Disease.	·	* *************************************
1D. Usual occupation.	٤١		Arteriosclerosi	S	Several
1f. Industry or busines	ss °C		Due 10		years.
	. /.	m	Diher conditions		··
12. Namo					
<u>ac</u>	11.6.	2011	(Include pregnancy within 8 m	ionths of death)	10
f4. Maiden name	VMVV	nung	Major findings of operations.	b	
\$ 15. Birthplace		10 -			
16. Informant	nd Hoy	il of Correction	Autopsy results.		
	Variable	md	PHYSICIAN: Please underline the cause to whi		
Address	regul	1000 20-45	22, VIOLENCE; If death was due to external caus	ses, fill in the following;	
(Burial, cremation	ac Avada	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	VAlab	ensuatorol)			
Cemetery or cramat	ory		Where did injury occur?(City or town)		
Location	usus p	ma		Injured at home, farm, Industry, public place (where?)	
f8. Funeral director	HAICO	allin	Means of Injury	Injured at work?	
Address	AAUB	ma 1	210.62	l'alex	111.
1Deals	9 110	Tolara Hardel	23. SIGNATURE	my	W-70;
19. (Date rec'd by re	19.4	Registrar	Savage 1	12	217/47
(Date rec'd by re	egistrar)	Registrar	Address	Date signed.	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give (eaidence of mother)
County County County	State Nowyland, comp & Washington
City or town	1 de sous laure
How long in above place of death? 1 was 3 moulles 414 c	(If outside city or town limits, write RURAL and give peared town)
Nospital, Institution, or street address where death occurred:	Sireet No. 2 19 (1) another their
TI II	(If rural, give LOCATION)
How long In hospital or Institution?	1 veteran, name war.
3. (a) FULL NAME, Claudan Ompre	3. (b) Social Security Number
4. Som 5. Calor or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION
Tensale Colored mulanton	20. DATE OF DEATH Decludes B 1947 21 2= RM
6.(b) Name of hueband or wife	21, 1 CERTIFY that death occurred on the date above etated; that I attended deceased from
2/2// 18 - 1 - 1 - 1	Chronst 28 796 10 10 000 1164 17 19 8
7. Birth date of	and that I last saw har alive on 19 4 19 4
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION
o. AGE:	
-21	Conduction of the state of the
9. Birthplace	Due to
1D. Ueual occupation.	-
11. Industry or businese	Due to
	Dther conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
₹ 15. Birthplace	Dale of op.
16. Informant Hogy Wall Breard	Autopsy results
Address debunnelle, mg.	
Date thereof 12/18 47	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory/	Where did injury occur?
Location Nagenslown . 1000	Injured at home, farm, Industry, public place (where?)
18. Funeral director War H. Downey	Meens of injury injured at work?
201 7 1 BH 11 0+ 24	ad. Jack Administration (M. D)
Address 27 7 reserver to the adjustment of	23. SIGNATURE M. D. or other
19. 12/4 184) 2.7. DOYU NOCA	Addless Date signed
(Date rec'd by registrar) / Registrar	Nanice 39

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYI.	AND	STATE	DEPARTMENT	OF	HEAL.	TI
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2411 N. Charles St., Baltimore

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10838

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE	ATH: ne Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County			Maryland	state Oklahoma county Pontotoc
City or town(If c	utside city or town li	mits, writs h	Maryland RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place	of death?	2 mos	1.	
Hospital, Institution, or Station H			Meade, Md.	Street No. Route #5
How long in hospital or		7h - h		2.(a) It veteran, name war.
3. (a) FULL NAM			***************************************	3. (b) Social Security Number
3. (a) PULL NAM.	JAMES T.	ODOW		5. (0) Social Security Number
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Single	28, DATE OF DEATH 9 December 19 47 at 2125 h
				21, I CERTIFY that death occurred on the date above stated; that I attended decessed from
0				2030 hrs 9 December 19 47 102125 hrs 9 Dec 4
7. Birth date of			(c) If alive, give ageyears	and that I last saw h. im. alive on 9 December 19 1.7.
deceased (mo., day,		ril 19		Immediais cause of death
8. AGE: Years		Days	If less than one day	Interest hemontage 22 les
				T T
9. Birthplace	Ada, Oklah	OM 2, county, and	atate)	Due to Franctine of base of shall at his
10 Usual occupation.	Soldier		••••••	
11. Industry or busines				Bue to
		Le		Dther conditions
13 Rirthplace				
E TO DITTIPLE				(Include pregnancy within 8 months of death)
14. Maiden name.	VIIA.V.A.L.LAN.	H.C	***************************************	Major fiediogs of operations.
≥ 15. Birthplace	. 50	1	2 1	Danding Date of op.
16. Informant Se	rvice Reco	oras of	deceased	Actopsy results. Pending PHYSICIAN: Please coderline the caose to which death should be charged statistically.
Address Ft (Geo G Meade	e, Md.		
17 Removal	, or removat. Which?	Date the	reot 10 Dec 47	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide Auto accident Date of 9 Dec 17
(Burial, cremation	, or removat. Which?)	(month) (day) (year)	when did later accura Ft. Geo G Meade, Md. Anne Arundel
H				Where did Injury occur? Ft. Geo. G. Meade. Md. Anne Arundel (City or town) (County) (State)
	da, Oklaho			Injured at home, farm, industry, public place (where?) Annapolis & Mapes
18. Funeral director	Lilly & Ze	eiler,	Inc	Msens of Injury Struck by auto Road Injured at work? No
			atimore, Md.	yle and to lay for me
	li della	11/1/1	1110011	23. SIGNATURE HENRY W. FOSTER. 1st I.t M. Dager other
19. 11 Dec 1		IES N.	GORRGER, Capt., MS Registrar	23. SIGNATURE Slem m. J. Sta 1 JA m. e. HENRY W. FOSTER, 1st Lt M, Date officer Ft Geo G l'eade, Md. Date signed 11 Dec 47

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hydron infant give residence of mother) State
3. (a) FULL NAME Le Roy Owens	3. (b) Social Security Number
4. Set Male 5. Color or race 6.(a) Single married, widowed, or divorced Surge 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) April 14/1928 8. AGE: Years Months Days It less than one day 2/ 8 13 hrs. min. 8. Birthplace Parole A.A.Co. min. 10. Ušual occupation Salvaren	Immediate cause of death Duration Due to. Off Orders Deleases United Due to. Due to. Off Orders Deleases United Due to.
11. todustry or business 12. Name	Other conditions
Address Parole, Mil. Address Parole, Mil. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory 2 owlers Chapel Chapel	Actopsy results
18. Funeral director Address Address 19. Dec. 29. 18. 47. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Means of injury Injured at work? Injured at work? A Buddeche 23. SIGNATURE M. D. of other M. D. of other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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50	2411 N. Charles St., Baltimore							
(to (to)	CERTIF	FICATE OF DEATH Reg. D						
information carefully. The corr	County	2. USUAL RESIDENCE (HOME) OF DECEASED (For newhrrn infants give residence of mother) State						
cormati death	2000 Pearlie Pada	ey (Flanale .) 3. (b) Soci						
	4. Šex 5. Color or race 6.(a) Single, married, withowed, or divorça	MEDICAL CERTIFICA 20. DATE OF DEATH						
BIN BIN ry if	6.(b) Name of husband or wife 6.(c) It alive the age of the deceased (mo., day, yr.)	21. I CERTLY that death occurred on the date above stated; that I						
	8. AGE: Years Months Days It less than one day	Immedia que el death receature - 6 2 re						
RESER G INK.	9. Birthplace	Due to Due to						
₹ □	11. industry or business Cheld and 12. Name	Dither conditions of fines befielder						
MA UNI	13. Birthplace Delle Cerograml 14. Maiden name Delle Cerograml 15. Birthplace Cesbrip - West Vulus	(Include pregnancy within 3 honths of death Major findings of operations						
CAINLY, Wespecially, i	16. Interment Address Address Address	Autopsy results. PHYStCIAN: Please underline the cause to which death should 22. VIOLENCE: If death was due to external cabees, till in the to						
E PLA	17 Burial Date thereof (Month) (day) (Genetery or crematory Cedar Bluff Cemetery	year) Accident, suicide, or homicide						

Annapolis, Maryland

Ben L. Hopping and Son

west St. Annapodis

ial Security Number TION DURATION d he charged statistically. llowing: (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?

PLEASE WRIT



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10841

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Anne Arundel Crownsville. (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Wicomico Pittsfield		
How long in above place of death? Hospital, institution, or street address where death occurred: Crownsville, State Hospital	City or town (If outside city or town limits, write RURAL and give ness Street No	······/	
How long in hospital or institution?			
3. (a) FULL NAME Emma Parker	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female negro married	20. DATE OF DEATH December 5, 19 47	at 6:20 au-r	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece er Decm. 5,1947, to	19	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
66 3 15hrs, min.	Cerebral Arteriosclerosis	Known to	
9. Birthplace Pittsfield, Maryland (Town, county, and state)	Due to	us since 8/6/47	
10. Usual occupation	Due to	1	
12. Name Moses Farlow, Maryland	Dther conditions		
≝ Tôna Johnson	(Include pregnancy within 3 months of death) Major findings of operations.		
14. Maiden name Maryland 15. Birthplace	major nadings of operations. Date of op.		
16. Informant Crownsville, Hospital Records Crownsville, Maryland	Autopsy results		
Burial Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?) Burial, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Glass Hill	Where did Injury occur?		
Location Parsonsburg, Maryland Booker W. Wess	tnjured at home, farm, Industry, public place (where?) Means of injury Injured at work?		
Booker W. Wess 18. Funeral director	23. SIGNATURE Jacob Mongocuster	U.D	
19. Dec. 4 104.719 E. F. Joyce Local Registrar	M. D.	or other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Anne Arundel City or town Parole Md. near Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. Parole Md. near Annapolis (If rural, give LOCATION) 2.(a) It veleran, name war 3. (b) Social Security Number 214-05-1242
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20, DATE DE DEATH December 20, 19 47 21 / 30 A. M
6.(b) Name of husband or wife Elizabeth Olivia Phillips 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	and that I last saw harmon, alive on Delegation and the I last saw harmon, alive on the last saw harmon, alive of the last saw harmon, alive of the last saw harmon, alive of the last saw harmon, alive on the last saw harmon, alive of the last saw
8. AGE: Years Months Days If less than one day	Immediate cause of death Caroline Faclure 1 xx.
9. Birthplace Annapolis Md. Anne Arundel Co. (Town, county, and state) 1D. Usual occupation Laborer 11. Industry or business None 12. Name Benjamin Phillips	Due to
13. Birthplace Baltimore, Maryland.	(Include pregnancy within 3 months of death)
14. Maiden name Cordelia Reed 15. Birthplace Annapolis, Maryland Elizabeth Olivia Phillips	(Include pregnancy within 3 months of death) Major findings of operations
Elizabeth Olivia Phillips	Antopsy results
16. Informant Address Parole Md. near Annapolis	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Farole Md. Hear Affiliapolis 17. Burial Date thereof 12-23-1947 (Burial cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Brewer Hill Cemetery Location West Street Extended 18. Funeral director Mrs. Charles E. Hicks	Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work?
Address 43-45 Northwest Street 19. Dec. 2-19. (Date rec'd by registrar) Registrar	23. SIGNATURE Merde & Mase M. D. or other Address 40 Hollings Shall Date signed 2/20/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County area arundel	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State Md. County Q Co.
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside of or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Howard E. Parl	
14000000 6. 5000	
	MEDICAL CERTIFICATION
Man white single	20. DATE OF DEATH NEC. 10 1947 31/2 Thos
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above effect; that takened dollars
	outmorten o fautuation 47
7. Birth date of Ph. 167/	15-ee 10 18 T
	Immediate cause of death
o. Auc.	D - j - j - j - j - j - j - j - j - j -
76 8 4min	77000
· Richard Q. Q. Co. Mary Pard	Due 10. Ohearl Dudden
8. Birthplace	
10. Usual occupation	Chi Cardin - Darkulas diagon intern
10. 03221 00035110111111111111111111111111111111	Die lo
11. Industry or business	
12. Name sukana 13. Birthplace cuknawa	Other conditions
\$ 13. Birthplace cereknown	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
E 15. Birthplace sentence	Oate of op.
16 Informant Mrs. Frank J. Connell	Autopsy results
- 4. 6	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Ch curalin, Mile.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof 12/13/47	Accident, sulcide, or homicide, Date of
(Burial, cremation, or removal. Which?) (month) (day (year)	Recurrent survey of non-re-
Cemetery or crematory Mayo Memoiral Canal	Where did injury occur? (City or town) (County) (State)
Mana a.a. Co grid.	Injured at home farm, I)dustry, public place (where?)
Location	Means of Injury thijured at work?
18. Funeral director	the male of many
DO ME CONTO	Mary IN X LOSS, IN Theater
Address (Russephia)	23. SIGNATURE M. D. OF COMP
10 Dec. 11. 1041/1 1/ () much	- Strangbote Ald 12/11/11
(Date rec'd by registrar) Registra	Address Date signed

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legihly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

10044 Reg. Dist. No. 2/

1. PLACE OF DEATH: Anne Arundel Anna polis	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Naryland County Anne Arundel
City or town Annapolis (If outside city or town limits, write RURAL and give nearest town) Unknown How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town)
9 Cypress Row	Street No. 9 Cypress Row (Ifrural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Conelia Albert Ransom	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 40 20. DATE OF DEATH. See, 30, 19 47, 21 7 9 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated:
7. Birth date of deceased (mo., day, yr.) 1875	
8. AGE: Years Months Days If less than one daymin.	Immediate cause of death OURATION Cardio - Xas Calar OURATION
9. Birthplace Matthews County, Va. (Town, county, and state) 10. Usual occupation Management	Due to Reval Disease unknom
11. Industry or business None Unknown	
12. Name Unknown 13. Birthplace Unknown	Other conditions
Unknown 15. Birtholace Unknown	(Include pregnancy within 3 months of death) Major fiedings of operations
Jannie Mouhermy	Actopsy results.
Address 9 Cypress Row	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Burial Burial Date (Hereof 1-7-1948	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
West Street Extended	Injured at home farm industry, public place (where?)
Mrs. Charles E. Hicks	Means of Injury thijured at work? deputes
Address 43-45 Nor Sevest Street	- Dr. Signar & Stew M. Claffy M.D. Examine
19. Jan. 7, 19 48 Durant (Date rec'd by registrar)	M.D. frother



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

3. (b) Social Security Number

	CERTIFICATE	OF	DEATH
PLACE OF DEATH: Orundel	2		L RESIDENCE

(HOME) OF DECEASED: give residence of mother)

City or town. (If outside city or town limit, write RURAL and give nearest town) Street No.....

If rural, give LOCATION)

How long in above place of Hospital, Institution, or s	of death?treet address where	death occurred:		
How long in hospital or	Institution?			
3. (a) FULL NAME	ma	ggie	. 8.	Sch
Formule	5. Color or race	(a) Single,	married, widowed,	or divorced
6,(b) Name of husband o	ir wite	6.(c)	of Africa. If alive, give age.	syer/
7. Birth date of deceased (mo., day, yr	, Ju	ne g	th	1874
8. AGE: Years 7 3	Mooths 6	Days	If less than one	day min.
9. Birthplace	Que (Town)	county, and st	Mar (ylan
tD. Usual occupation		***************************************		
11. Industry or business 12. Name	an M	Ja.	colos	<i>j</i>
14. Maiden name				
t6, Informant	m. T.	6	Paker	gal.
Address &	rial	Date thereo	12/12	4/47

MEDICAL CERTIFICATION

20. OATE OF CEATH 21. I CERTIFY that death occurred on the date above stated;

Major findings of operations.....

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, tarm, industry, public place (where?)

injured at work? Means of Injury

M. D. or other

.Date signed 12 - 23 -

PLEASE

(Date rec'd by registrar)

Cemetery or cremator

tB. Funeral director



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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EDTIFICATE OF DEA

CERTIFICA	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty Couoty City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3.(a) FULL NAME Ida Virginia	Sherhert 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. LOUISE 22 1947 21 6 M.C. M.
8. (b) Name of husband or wife Stockett Method 5. (c) It alive, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace These Allego (Town/county, and stote)	and that I last saw h. A. alive on
1D. Usual occupation	Due to
12. Name	(Include pregnancy within 3 months of death) Major fiediogs of operations.
16. Informant Mus Research Way San Address Castport Md. 17. Burial Date thereot (month) (day) (year)	PHYSICIAN: Please woderlice the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Calcul Corcutty and fine 18. Funeral director July 20.	Where did Injury occur?
Address Runapali Must Domina 18. Dec. 23. 18. 47. Domina Registrat Registrat	SIGNATURE CONTROL CONT



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.,

38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Crownsville, Maryland	State Maryland County
(If outside city or town limits, write RURAL and give nearest town)	Roltimore
How long in above place of death? 1 year, 6 months, 14 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2220 N. Howard
Crownsville State Hospital, Crownsville, Md.	(If rural, give LOCATION)
How long in hospital or institution? 1 year, 6 months, 14 days	2.(a) If veteran, name war.
3. (a) FULL NAME ALBERT SLOCUM	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CONTINUES
Male Negro Married	MEDICAL CERTIFICATION
	20. DATE OF DEATH December 4th 19 47 at 3:50 P.
6.(6) Namo of husband or wife unknown	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 20th 19. 46 10. December 4th 19. 47
7. Birth date of Second (me day v.) unknown 22	and that I last saw h. im _alive on December 4th 10 47
deceased (inc., da), yi.	Immediate cause of death hemiplegia DURATION
8. AGE: Yoars Months Gays If less than one day ?	5 days
a Sirthalaca Marvland	Due to Cerebral Arteriosclerosis Known to u
9. Birthplace Maryland (Town, county, and state)	since 5/20/46
10. Usuat occupation Janitor	Since 3/20/46
11. Industry or business	Duo to
12. Name unknown Jakas Slacesso	Other conditions Psychosis With Cerebral
	Arteriosclerosis Known to u (Include pregnancy within 3 months of death)
14. Maiden nams unknown many ? 15. Birthplace unknown man.	ginas 5/20/46
15. Birthplace unknown	mayor nearest or operations.
16. Informant	Date of op
	Autopsy results
Address Crownsville, Maryland	
17 Burial Date thereof Clarb 194)	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, eremation, or remove, Whige) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
May Kot 18 21 01:	Means of Injury tolured at work?
18. Funeral director MARI AMAGE (A. C.)	minten at motat.
Address 322 N Schroeder St	(\Cart Manager Hu, V
18 12/8 10X2 A.W. Hedrick	23. SIGNATURE M. D. or other
19. (Date ree's by registrar)	Address Crownsville, Maryland Dato signed 12/4/44

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary Ama County Amag Aryndel City or town Cambrills. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Laura Elizabeth Smith 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female white Married 6.(b) Name of husband or wife William Allen Smith	MEDICAL CERTIFICATION 20. DATE OF DEATH Deservabe 4, 19 47, at 8:30 P m 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 69 years	May 19.47, 10. December 19.47 and that I last saw h. E. m. alive on December 4 19.47
8. AGE: Years Months Days If less than one day 4 3 9 22	Immediais cause of death DURATION Cerebral Thrown Dosis 10 Hrs.
9. Birthplace Baltimor Maryland (Town, county, and state) 10. Usual occupation. Hove wite	Due to Hemplytic Anemia 13 Month. Cause undetermined
11. Industry or business 12. Name Joseph T. Bowling 13. Birthplace Baltimure Md	Dther conditions.
14. Malden name Mary Vaughn 15. Birthplace Baltimore Md	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant William Allen Smith Address Cambrilla Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. BHARA (Burial, cremation, or removal. Which?) Cemetery or crematory Loudon Pack	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director J. B. Shijapart & Saul	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. 12/8 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE Celuard 9 Chemett M.D. or other Address 6.2 m. b~1/1/5 M/d Date signed Dec 4,1947

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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CERTIFICATE OF DEATH

- Disk No. 2/

	Reg. Diat. NoKJ
1. PLACE OF DEATH: Ann Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Taryland county Ann Arundel City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, a structuadoress, where death accourted: Spa Road, Md.	Sireel No. 9I Smithville St. Spa Road (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary. Madoline Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female Colored Marriea	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(6) Name of husband or wife John Smith 6.(c) If alive, give age years 7. Birth date of Townsh 70 Townsh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
March 30, Iso0 March 30, Iso0	Immediate cause of death
9. Birthplace Calvert Co. (Town, county, and state) 10. Usual occupation Domestim	Due to
11. Industry or business 12. Name Frederick Jones	Other conditions Come Cal adentiles 3 mels
14. Maiden name Annie Simms Calvert Co.	(Include pregnancy within 3 months of death) Major findings of operations. Multiplication of the control of t
John Simms Address 91 Smithville St. Spa Road, Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to exernal causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Annapolis Neck Annapolis Neck, Md.	Where did injury occur?
J.B. Johnson 18. Funeral director Annapolis, Ma. 20, Box 462	Means of injury Injured at work?
19. Dec 8. 19 47 Domes (Date rec'd by registrar) W Registrar	Address J.A.M. M. D. of other J. J. J. Date signed

DEC 9 1947

PLAINLY, V is especially i

PLEASE WRITE

MARYI	AND	STATE	DEPARTMENT	OF	HEALTH
MARIL	AITU	DIALE	DELARIMENT	VI.	HEALII

2411 N. Charles St., Baltimore

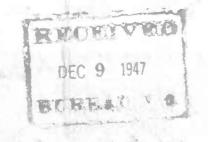
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CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital institution, or street address where death occurred: Example 1 And 1		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred; How long in hospital or institution? Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	County dune durle	
How long in above place of death? Rospital, institution, or street address where death occurred: How long in hospital or institution? Thus, (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number	City or town. analogo.	State County County
Hospital, Institution, or street address where death occurred: Street No		City or town.
How long in hospital or institution? 17 Mrs. 2.(a) It veteran, name war. 3. (b) Social Security Number		
How long in hospital or institution? 17 Ars. 2.(a) It veteran, name war. 3. (b) Social Security Number	N-xt ·Vau	
3. (a) FULL NAME 3. (b) Social Security Number		
		3. (0) Social Security Number
Final Comments.	- mais , carres.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	V. 3.	MEDICAL CERTIFICATION
M C S. 20. DATE OF DEATH 12-5 1947 at 11 PA	$M \subset S$.	20, DATE OF DEATH 12-5 1947 at 11 2 A M
6.(b) Name of husband or wite	6.(b) Name of husband or wite	
8 fal Maline sine one		
7. Birth date of Jag and that I last saw here alive on 19.7	7 Right date of	and that I last saw here alive on 12.5.
Immediate cause of death DURATION	deceased (mo., day, yr.)	The state of the s
To Ti Compacing 4 Day	o, Auc.	Exceptality 4 days
9. Birthplace Due to. Pertures	a Rightslace md.	Due to Pertures
(Town, county, and state)	(Town, county, and state)	3/168
10. Usual occupation. Clipd,	10. Usual occupation. Clind.	Due to
11. Industry or business	11 Industry or business	
The same of the sa	E 12. Name. Man.	
		(Include pregnancy within 3 months of death)
14. Malden name Mast River, mg. (Include pregnancy within 3 months of death) Major findings of operations	14. Malden name	Major findings of operations.
15. Birthplace West River, mg. Date of op.	15. Birtholace West River, mg.	
Relient for frith	Rest Son Smith	
16, Informant	16. Informant Of O O O	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jalesville, Ma	Addition .	
12.15.10 1 dyle 8.1771	17 Purcal Date thereof Dec. 8, 1947	
(Burial, cremation, or removal Which?)	(Burini gramation or removal Which?)	
Cemetery or crematory Dank Star Cana Where did Injury occur? (City or town) (County) (State)	Cemetery or crematory Land Har Cena	Where did Injury occur? (City or town) (County) (State)
Location West River, Md. Injured at home, farm, Industry, public place (where?)	West River, md.	Injured at home, farm, Industry, public place (where?)
7 at a death of the Meens of Injury Injured at work?	7 adla Seite & In	
18. Funeral director	1B. Funeral directo	0. 0
Address Salesville Mich.	Address Jalesvolle Mis.	1 . flight Ceatrol Drowth
Dag Q UT / 23. SIGNATURE Q JAMES M. D. or other	Dec o un //	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar) (Date signed 12.5.4)	(Date rec'd by registrar)	Address 2 to Prince feare Date signed 12.5.47



Ref Park

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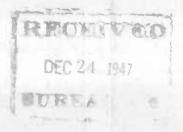
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Co loo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Marquesette	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, midowed, or divorced	MEDICAL CERTIFICATION
Femal Ments Levoied	20. DATE OF DEATH. 2010 90. 1947, at 945 A.
6.(6) Name of husband or wife Maladem	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5. (c) If allve, give age yea	ars and that I last saw h
deceased (mo., day, yr.) Och 19. 1883	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Carebral arterio - Selevera > yes
a Richard Ind.	Busto Carcho. Vascula Direco J gran
9. Birthplace (Town, county, and state)	00010
10. Usual occupation.	Due to
11, Industry or business	
12. Name Guge Snow 13. Birthplace Md	Dither conditions
\(\frac{13. Birthplace}{\tag{Md}}	
14. Maiden name lester Cerson Tissumous.	(Include pregnancy within 3 months of death)
2 15. 8irthplace Mrd	
18. Informani Sallyn Peters	Autopsy results.
Address Elwana Palk Mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Decisio 1000 23-196	22. VIOLENCE: If death was due to external causes, All in the following;
(Burlai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Carbwood.	Where did injury occur?
Location Taylor Car	Injured at home, farm, Industry, public place (where?)
Il. C Margan	Means of Injury Injured at work?
18. Funeral director of the Control	1
Address 3600 2 Ballinoe	23. SIGNATURE Lames S. Bellingolea. M.D.
19 12/21 18 47 L. J. Dralba	M. D. or other
(Date ec'd by registrar) Registr	ar Address Glen Burne. md Date signed Dec. 21, 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



WRITE

PLEASE

A15 S The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State Court City or town Cif outside city or town limits Street No. (If rural, give 2.(a) if veteran, name war.	write RURAL and give nearest town)
3. (a) FULL NAME Jerome G. Ste	rens	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	. 4 /	ERTIFICATION 47 18 21 1/P, 1
6.(b) Name of husband or wife 6 legabeth Stevens. 6.(c) It alive, give age	21. I CERTIFY that death occurred on the date about 19	2/2/4/ 19
8. AGE: Years Months Days If less than one day 6. 3 2 16	Pulmoney !	ubrialing 1/2 yes
Town, county, and state) 10. Usual occupation. 11. industry or business	Due to	/
12. Name Charles Stevens 13. Birthpiace Maryland	Diher conditions	nonths of death)
14. Maiden name Malessa Jakes 15. Birthplace Maryland Climbeth Stevens	Major findings of operations.	Date of op
Address Paluisan A. A. Co. rud. Buriel Date thereof 12/7/47	PHYSICIAN: Ptease underline the cause to with 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	bich death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory. Baldiois Measure Constant A. A. Co. Location. Location.		(County) (State)
18. Funeral director. Jahr In Jay Cov. Sa Address Annepali Ind.	Means of Injury 23. SIGNATURE Ohuselee	Injured at work?
19. Dec 7 19 47 Z. a. Welst Registrar	Address Jeen Bu	M. D. of other mis mode signed 12/5-/49



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10853 No. 21

CERTIFICATE OF DEATH

Reg. Diat. No. ...

City or town(How long in above pl Hospital, institution,	Anne Aru	a Park mits, write RUR. 18 death occurred:	AL and give nearest town) years	State Mary Se	outside city or town limit Annapolis (If rural, give	unty Anne k s, write RURAL	Arundel and give nearest townRoad Cypris Creek
3. (a) FULL NA	ME					3. (b) Socia	1 Security Number
	ST	ANLEY S	TREETT			N.	one
4. Sex	5. Color or race	6.(a)Single, ma	nrried, widowed, or divorced		MEDICAL C	ERTIFICAT	ION
Male	White	M	arried	20. DATE OF DEATH	December	12	19.47 at 6.45P m
ee Mille	and or wife Margan er ay, yr.) Septem	6.(c) If	alive, give ageyears	and that I last aaw h.	can alive on	43 10 De	2. /2 19.4 7 7 19
8. AGE: Y	ears Months	Days	If less than one day	Ceral	oses of the	lever	2 years.
	60 2	25 -	hrsmln.				
10. Usual occupation	nesa Own	vern Ke n Busin	ess	Due to			
12. Name			Marvland				
				Major findings of op	clude pregnancy within 8		of op.
	Mrs. Marg		Street rk wd	Actupsy results PHYStCIAN: Please	uoderlioe the caose to w	hich death ahould	be charged statistically.
Cemelery or crem	al clon, or removal. Which?) Glen Glen Bur	Oate thereof Haven	Dec. 15, 1947 (month) (day) (year)	Accident, suicide, or Where did Injury occ Injured at home, farm	homicide	(Coun	ate ofty) (State)
	Thomas		ngleton	Means of Injury	1	tnjured a	1 Kul
19. (Date rec'd by	S 10 47	1	9. Llealba put Registrar	23. SIGNATURE	clen Burnie	e, Md.	M. D. or other Date signed 12/13/47



1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) (If outside city or town timits, write RURAD and give nearest town) (If fural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number MEDICAL CERTIFICATION Other conditions (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, litt in the tollowing: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State)

Injured at work?

M. D. or other

Injured al home, farm, industry, public place (where?)

Meens of Injury

23. SIGNATUR

200	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?
	How long in hospifal or institution?
	4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced
ane causes	Male white Widowery
	8.(b) Name of husband or wife () () Wallve, give agy
WILLE	7. Birth date of deceased (mo., day, yr.) March fifth 1864 8. AGE: Years Months Days It less than one day
picase	8. AGE 3 8 27 May
	9. Birinplace (Town, county, and atate)
ny sicians.	10. Usual occupation
4	12. National College of Lepicary
mportant.	14. Maiden name Motha Bradley 15. Sirtistans 15. Sirtistans
- 11	15. Informant Alexander State of State
especially	Address of 6700 Bedshew of the Blog
is esi	(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)
	Cometery or crematory Selfs Life. Dis Of
1	18. Funeral director April Dozu and Thou
-1	Address ON 63 Wallins of
	19. (Date rec's by registrar)

A15 VS 2411 N. Charles St., Baltimore

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CERTIFICAT	re of Death Reg. Dist. No. 27
1. PLACE OF DEATH: County Anne Arundel City or town. Fort George G Meade, Maryland (If outside eity or town limits, write RORAL and give nearest town) How long in above place of death? 2. Years Hospital, institution, or street address where death occurred: Station Hospital Ft George G Meade, Md. How long in hospital or institution? 2. days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ELIZABETH B. THOM 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. 4 December 19 47 21 0928
8.(b) Name of husband or wife Krauth W. Thom 6.(c) If alive, give age 60. years deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day 69 3 2	21. I CERTIFY that death occurred on the date above stated; that I attended deceated from 5. August
9. Birthplace Kentuck, Pittslyvania, Co., Va. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Oue to Fibrosis, pulmonary, due to X- ray therapy 6 mos Due to Hydrothorax, bilateral 2 wks
12. Name. John Thomas Rennett 13. Birthplace Virginia 14. Maiden name. Eudora Snead 15. Birthplace Virginia	Other conductal Epidermoid carcinoma of esophagus. (2) Arteriosclerosis. generalized pregnancy within 3 months of death) Major findings of operations. None
16. Informant	Aatopsy results
Location Arlington, Va. 18. Funeral director Wm J. Tickner & Sons	Meene of Injury Injured at work?
Address North & Penna Ave, Balto, Md. 19. 5 Dec 19. 47 JAMES No. COERCER Registrar (Date rec'd by registrar) Capte. MSC Registrar	23. SIGNATURE THOMAS W. MA TTINGLY, Lt COY. OF MCC Address Ft Geo G Meade, Md. Date signed 5 Dec 4



MARGIN

WITH UNFADING INK. Supply every item of information carefings tant. Physicians: please write the causes of death clearly

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Disk No

CERTIFICATE OF DEATH

I. PLACE OF DE	AnneAru	ndol	2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County		MacT	Md.	Annelmand	7
	napolis		State	Anne Arunde	21
(11	outside city or town lim	its, write RURAL and give nearest town)	Rural , Mullber		
How long in above place	e of death?		(If outside city or town limits	s, write RURAL and give ne	arest town)
Hospital, Institution, o	r street address where the	ency Hospital	Street No.	***************************************	
	1677		(If rural, give	LOCATION)	
How long in hospital of	or institution?	waldess madrival	2.(a) It veteran, name war		
3. (a) FULL NAM				3. (b) Social Security	Number
John	H. Tucker				
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	Colored	Cinclo	1000	47	eas
Mare	Coroled	Single	20. DATE OF DEATH.	10 19.47	21 0 AM
71. V - 11. V - 11.			21. I CERRYY that death occurred on the date abo	we stated: Marie States des	bernd-kom-
6.(b) Name of husband	d or wife		Postmenteus se	of auna	trace
**************************************		6.(c) If alive, give ageyears		Dec. 1	0 1947
7. Birth date of deceased (mo., day.	yr.) Jan. 5	, T900			OURATION
8. AGE: Year		Days If less than one day	Immediate cause of death		OUNATION
47	II	hrs. Din.	Parameter and	-0.	20.110
	A.A.Co.		Coronary or	emsing	- Allene
9. Birthplace			Due to	***************************************	
		ounty, and atate)			
10. Usuat occupation.	Labore	<u>K</u>	Que to Ceronary Re	elevris	History
11. Industry or busine	22				
SI Jo.		lucker	••••••••••••••••••••••••••••••••••••••		
12. Name	Md.		Other conditions		**
13. Birthplace			(Include pregnancy within 3 r	months of death)	
14. Maiden name	Eugiena	Stansbury			
2	IId.		Major findings of operations		322000000000000000000000000000000000000
2 15. Birthplace				Oate of op	
16. InformantRC	binson Tu	cker	Autopsy results		
Address AT	mapolis, N	d.	PHYSICIAN: Please underline the cause to wi	hich death should he charged	statistically.
BU	rial		22. VIOLENCE: tt death was due to external cau	ises, fill in the following;	
17	on, or removal. Which?)	Oate thereot. Dec 14, 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
	Broadnes	75	Where did injury occur?(City or town)		
Cemetery or cremat	Skidmore,				(State)
Location			tnjured at home, farmy industry, public place (w	here?)	*******************************
	.B.Johnso	n .	Means of Injury	Injured at work?	ebuh-
18. Funeral director.		7.3	Not m 10	on Min m	2000
Address	mapolis,	III . P. 0.300 162	23. SIGNATURE OHLI // CA	Hy 111, N 6	Variable.
Dec	12/1/0 1/7	moral briefly	23. 310741017	John M. D.	or other
(Date rec'd by r	registrar)	Registrar	Address 2	Oate signed	12-12-47
(Date ree 3 b) 1					

7 1 when the Chipman Some of Carlly His

DEC 17 1947

PARTMENT OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED:

1		MARYLAND STATE DE	PARTMENT OF HI
		CERTIFICAT	TE OF DEATH
1. PLACE OF DEA	Arundel		2. USUAL RESIDENCE
How long in above place	of death? 1 mor	Maryland nits, write RURAL and give nearest town) 1th, 19 days	State Maryland City or town Eastpo
Hospital, institution, or Crownsvi	street address where d Lle State H	Meath occurred: Hospital, Crownsville, Md. nonth, 19 days	Street No. R.F.D.#
3. (a) FULL NAMI			
4. Sex Male	5. Color or race Negro	6.(a)Single, married, widowed, or divorced Married	20. DATE OF DEATH
6.(6) Name of husband	or wife Edith	Turner	21. I CERTIFY that death occur
deceased (mo., day, y	r.) 7-29-186		and that I last saw him Immediate cause of death
8. AGE: Years 59	4	17 dayshrsmin.	
		county, and state)	Due to
11, tndustry or busines	s None		Due to
13. Birthplace	Maryland		Other conditions
14. Maiden name. 15, Birthplace	Sarah Gri Maryland	iffin	(Include promises of operations
16. Informant	Ospital Red	ords	Autopsy results
Buria.	or removal. Which?)	12-21-19/7	22. VIOLENCE: If death wa Accident, suicide, or homicid Where did injury occur?
Location Anna	apolis Necl	k near Annapolis, Md. arles E. Hicks	Injured at home, farm, Indust
18. Funeral director Address 43-	Mrs. Cha 45 Northwes	st Street	1000
19. Dec.	19 19 47	E7 Joyk Local Registrar	Address Crownsy;

town)

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Crownsville, Maryland Date signed 12/17/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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er. 1	Dist	. Na			

1. PLACE OF DEATH:	Brundel		TE) OF DECEASED: ence of mother) Aunt Arunder
.1/1 4/.	sville	State Mary Land	County France
(If outside city or town li	mits, write RURAL and give nearest town)	City or town	on limits, write RURAL and give nearest town)
How long in above place of death?	death occurred	(If outside city or tow	on limits, write KUKAL and give hearest town)
nospital, institution, or street audiess where	BOSH SOURIOG.		al, give LOCATION)
How long in hospital or institution?			
water water			3. (b) Social Security Number
3. (a) POLL NAME	ever Inrue		J. (b) Doctor Decurry Number
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICA	AL CERTIFICATION
male negro	single	id.	Lec. 3 1947 15
7,000			
6.(6) Name of husband or wife		21. I CERTIFY that death occurred on the	date above stated; that I offended deceased from
		Years They fee	a Examination
7. Birth date of	enknown	and that I last saw hallve on	Dec. 3. 19
deceased (mo., day, yr.)	Days if less than one day	Immediate cause ol death	DURAT
8. AGE: Years Months		2	7
101KT 70	hrs.	min.	arroy grow
9. Birtholace Aum	Arrendel County M	d solo sing us	louse
(Town,	county, and state)		
10. Usual occupation.	when	Due to.	ont-degree
11. Industry or business		deg	· Burns
	du Jurner	Other conditions	of hand + face
	tuoun		
	~	(Include pregnancy w	vithin 3 months of death)
14. Malden name	The same of the sa	Major lindings ol operations	***************************************
N 15. Birthplace	Muson		Date of op
18. Interment Wella	Davis	Antoney yearlts	
1.00.	mille Mars. Oand	PHYSICIAN: Please underline the can	use to which death should be charged statistically.
Address	The many example	22. VIOLENCE: If death was due to ext	ternal causes, till in the following:
17 Suriar	Oate thereof (month) (day) (yea	Accident, sutcide, or homicide.	edent Daie of 12-3-
(Burial, cremation, or removal. Which?	Lie Dens Muses		r fown) (County) (State)
Cametery Cametery	J. C. D.	Where did injury occur?(City of	
Location West	1-you you	Injured at home, farm, industry, public	place (where?)
-M.	Atordition A	Meens of Injury	Injured at work? Celes
18. Funeral director	and the state of t	I m	(DII m. O shed
[] [] []	-ALIA WINN		
Address Sales	will the	22 SIGNATURE TOM IN	Gaffy M. N. Eva
Address Sales	will full fau to	23. SIONATURE DAY	M. D. or other M. D. or other Date signed

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Secretary AA

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10859 Reg. Dist. No. 25

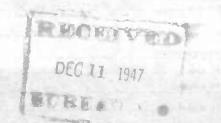
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County # A Comily	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write kUKAL and give nearest town)	State County County
Now long in above place of death?	City or fown
Hospital, Institution, or street address where death occurred:	7 - 7- 2 Gue - 7: - 9 a.
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Ella May Upston	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, wildowed, or divorced	MEDICAL CERTIFICATION
of 721.W Widowed	20, DATE OF DEATH December 8-1947 21 73 A. M
6, (b) Name of husband or wife James Frank Upton	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
	Jan 19 43, 10 Buc 8 19 4)
7. Birth date of C 1990	and that I last saw h. Kalive on Sec 8 19 47
	Immediate cause of death
0. 1.02.	corolary occlusion
67hrsmin.	
9. Birthplace	Due to Rymu liment
10. Usyal occupation Horseurfl	
11. Industry or business	Due to
	destate chance
	Other conditions dealette chronic
13. Birthplace a a County lud	(include pegnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
15. Birthplace a. a. Conto Mul	Cate of op.
16. Informant Jus John Thomas	Autonsy results.
// - · · · · · · · · · · · · · · · · · ·	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 - First ave Brooklyn PR	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory du Hell Censellery	Where did injury occur?
Location For Cetches Angling	Injured at home, farm, industry, public place (where?)
18. Funeral director Brillian Ashilling	Means of injury injured at work?
Address 3914 Hanover St - 25	Chil My to
	23. SIGNATURE M. D. or other
Date rec'd by registrar 19 47 Ca M. Whatham. (Date rec'd by registrar)	Address 302/ataps: Ny Date signed Dec 947

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



10860

CERTIFICATE OF DEATH

Reg. Diat. No.

county Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years, 14 days Hospital, institution, or street address where death occurred: Crownsville State Hospital, Crownsville, Md. How long in hospital or institution? 2 years, 14 days	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 809 Avondale Road (If rural, give LOCATION)	
3. (a) FULL NAME	2.(a) It veteran, name war.	
OSCAR WAKE	3. (b) Social Security Number	
4. Sex Male Scolor or race Scape, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH. December 24th 19. 47 .21.6:00 A.	
6.(b) Name of husband or wife Mattie Wake 7. Birth date of deceased (mo., day, yr.) unknown /8.7/6	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10th 145 to December 24 1947 and that I last saw h. im. alive on December 24th 18 47	
8. AGE: Years Months Days it less than one day ?hrsmin.	Immediate cause of death General Arteriosclerosis Known to us since 12/10/45	
8. Birthplace Maryland (Town, county, and atate) 10. Usual occupation Iceman 11. Industry or business	Due to.	
12. Name Henry Wake 13. Birthplace Maryland 14. Malden name Mary Henry 15. Birthplace Maryland	Deterioration Known to us (Include pregnancy within 3 months of death) Major findings of operations.	
15. Birthplace Maryland 16. Informant Hospital Records Address Crownsville, Maryland	Antopsy results	
17. Bund (Burial, cremation, or removal, Which?) Cemetery or crematory Control Man Removal Location 18. Funeral director Man Ratu R. Williams.	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	
Address 3 22 N. Schroder St. 19. A. C.	23. SIGNATURE acob Mary and M. D'or other Address Crowns vi ale, Mary and Date signed 12/24/47	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

		CERTIFICAT	Reg. Diat. No	
1. PLACE OF DEA	ATH: nne Arunde	1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Maryland County	
City or town	outside city or town li	mits, write RURAL and give nearest town)	Ralt.imore	
	1 yr	r. 1 mo. 14 days	(If outside city or town limits, write RURAL and give near	rest town)
How long in above place Hospital, institution, or	of death?	death necurred	State 214 Northwood St. M. Wrife	21-
Mospital, Institution, or	street audiess where	e Hespital	Street No	
			(If rural, give LOCATION)	
		r. 1 mo. 14 days	2.(a) If veteran, name war.	
3. (a) FULL NAM	ANI	TA WILSON	3. (b) Social Security	Number
4. Sex	5. Coior or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	negro	married	Dec 14 1947 47	1, -
101110110	110810		20. DATE OF DEATH. Dec. 14, 1947 19.47	,at 4 P. M
6.(b) Name of husband	or wite Lou	ie Wilson	21. I CERTIFY that death occurred on the date above stated; that I attended decession oct. 31 19.46 to Dec. 14	sed from
				1.7
7. Birth date of		3,000	and that I last saw h. er alive on Dec. 14	19
deceased (mo., day,)	yr.)	1902	Immediate cause of death	DURATION
8. AGE: Years	s Months	Days It less than one day	Cerebral Hemorrhage Known to	us
45		hrsmin.	sinee	12/11/47
47	1011			
9. Birthplace	Sellere	me me	Due to.	
5. Billiplace	(Town,	county, and state)	Cardio Renal Disease Known to	us
1D. Usual occupation.	Dom	calce	since	10/31/46
			Due to	
11. Industry or busines	ss o	0	92	70/27/16
12. Name	yuu	- rower	Other conditions Known to us since	
13. Birthplace	Bal	To a	Psychosis with Cardio Renal Dise	ase
the second secon	11/001	9.0019	(Include pregnancy within 3 months of death)	
14. Maiden name	wille	may force	Major findings of operations	
TO	12	. 07		
₹ 15. Birthpiace	70	acvo	Date of op	
16. Interment	······	l records	Antopsy results	statistically.
Address	Crownsvi	lle, Md.		
0	1 0	24.19-1917	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 /Suce	n, or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation	n, or removal. Willell.	21 Pears	Where did injury occur?	*************************
Cemetery or cremat	lory			(State)
Location	Bustel	yn mil	Injured at home, farm, industry, public place (where?)	
1B. Funeral director	Elioy	D. Wilson	Means of Injury injured at work?	0
Address /	0003	untty we	23. SIGNATURE acro House	h. V
10 DE	18,4	1 All Hearich	M. D.	or other
(Date rec d by re	egistrar)	Registrar	Address	

MARGIN

PLAINLY, WITH UNF. is especially important.

PLEASE

A15 SA 2411 N. Charles St., Baltimore

10862

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County William Park - PO. Seen Berry	State	
(If outside city or town limits, write RURAL and give nearest town)		.,,,
How long in above place of death? 15 Years	City or town (11) town limite, write RURAL and give nearest town	n)
nospital, institution, or street address where death accorded.	Street No.	
telencosy rad.	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
mrs. margaret brutile	la Wood.	
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
t. W married	20. DATE OF DEATH December 24 1949 at 1	/ A
Warrend Q. Wand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or site	July 10.46 10/2/24	19.45
7. Birth date of	and that I last saw her alive on 12/23/47	19
deceased (mo., day, yr.)		RATION
8. AGE: Years Months Days lifless than one day		
3 9 // /9min.	mittal Surfreeenry 18.	mul
9. Birtholace Rock Hall - Kent Country, 2nd.	Due to.	
(Town, county, and state)	Thesperhenceon 18n	wetl,
10. Usual occupation.	Due to.	
11. Industry or business	auc 15	
	Other conditions	
12. Name Richard badges 13. Birthplace = Eastern slove, Erich.	OTHER COMMITTEEN CO.	
	(Include pregnancy within 3 months of death)	
14. Maiden name minine & Downey 15. Birthplace Kent Casenty mid.	Msjor findings of operations.	
E 15. Birthplace / Cent Cocerly Dect.	Date of op.	
16. Informantier. W. C. Waad, Suchard	Autopsy results.	
Addres Prearley Pack, P.O. below Bussile, my	PHYSICIAN: Please underline the cause to which death should be charged statistical	y.
Auditor Control of the Control of th	22. VIOLENCE: if death was due to external causes, fill in the following:	
17. But 1 a Bate thereof DEC 1 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory T/EN Haven	Where did Injury occur?	
Clay BUYNIC MA	Injured at home, farm, industry, public place (where?)	
Location	Means of injury injured at work?	
18. Funeral director homes W. Sunglillan	Missus of tilling	Λ
Address Glew Gurnie, Md.	Sentare Houlentry	N.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other	
19. 19. 4 7. Beginter	sten Burne The Boto stoned 2/26	4/45



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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1622

10863

CERTIFICATE OF DEATH

3.0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County and approach	state maryland county annequestal
City or town	V 0 V.
How long in above place of death? 80 Jane	City or town(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where did the occurred:	Street No. 12 Museul arg
12 mussay an	(If rural, giv (LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
groups cawere	vv oo and
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MWW	20. DATE OF DEATH Dec. 24 1947 31 9 45
6.(b) Name of husband or wife Elizabeth Woollry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0	Occ. 9: 19.47, 10 Dac 23 10.4
7. Birth date of 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	and that I last saw halive on
deceased (mo., day, yr.) R AGE: Years Months Oays If less than one day	Immediate cause of death
o. Adl.	
87 0 27hrsmin	Cardiologistry failure
9. Birthplace	Due to
	· Kerelity
10. Usual occupation	Due to
11. Industry or business	_
12. Name Charles Carann Woolley 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth ann White	.
14. Malden name Elizabeth ann White	Major findings of operations.
	Date of op.
16. Informant mr. Henry Evert	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address annapolii, mo.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burlal, cremstion, or removal, Which) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
(Burlal, cremstion, or removal. Which?) (month) (day) (year)	
Cemelery or crematory	Whers did injury occur?
Location Courses	Injured at home, farm, Industry, public place (where?)
18. Funeral director John M. Ley Cu: Len	Msens of Injury Injured at work?
11 D 1 10 has 1	
Address (Consultation 1794)	23. SIGNATURE E. PEyton Ritching, M. D.
19 Des. 27 1947 - Ounth	M.D. or other

